

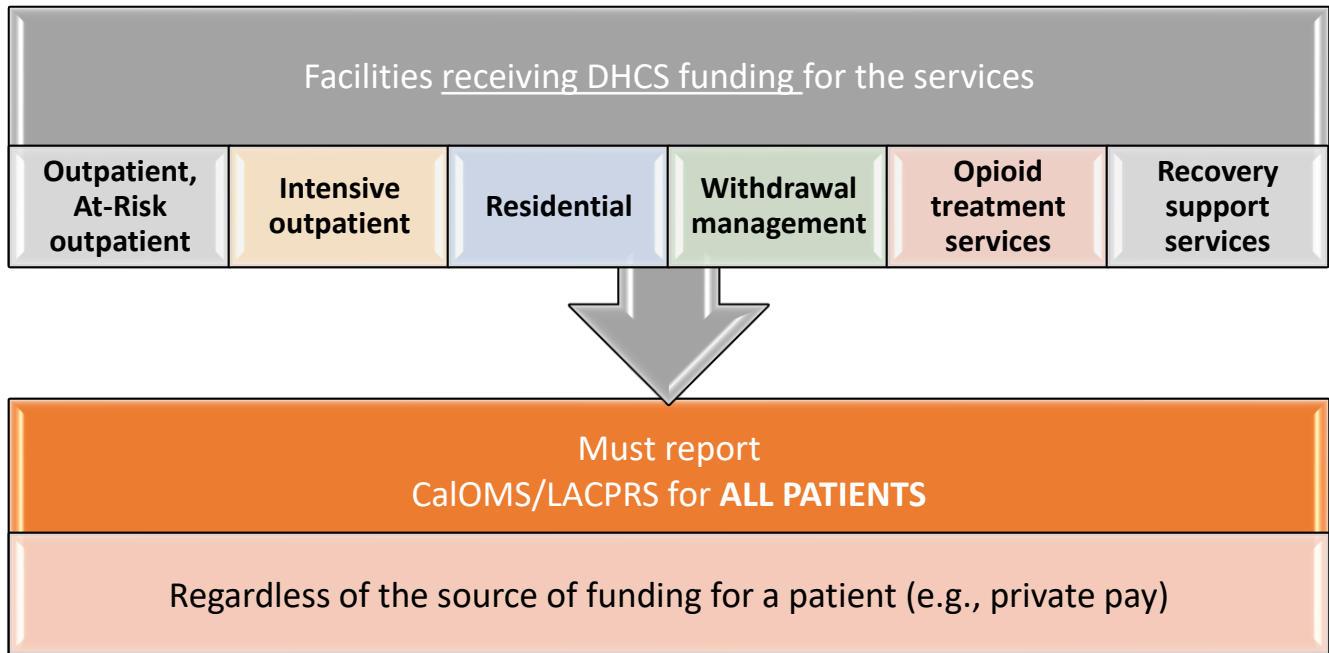
# CaIOMS/LACPRS DATA COLLECTION QUICK USER GUIDE

Version 2

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# CalOMS Submission Standards



- **CalOMS Admission is required for:**

- New admissions, including Recovery Support Services, ASAM 0.5, and “OTP – Detoxification”
- Any changes in services/level of care
- Any changes in location

- **EXCEPTION:**

- **IF AND ONLY IF** the movement is within the **SAME** residential facility and within residential LOCs (3.1 to 3.3. to 3.5 or reverse order), then a new CalOMS Admission is not required.

- **No concurrent CalOMS are allowed for the same type of services:**

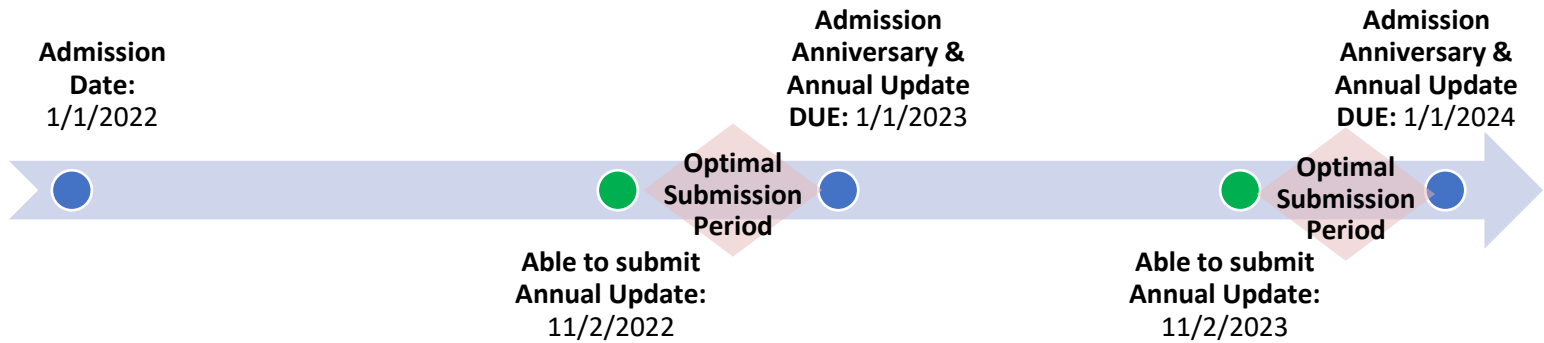
- Concurrent CalOMS are allowed in Sage for Outpatient Program and Opioid Treatment Program from January 29, 2024

- **CalOMS Submission Requirements**

- Must submit a complete Admission Form within 7 calendar days of a patient’s entry to treatment
- Discharge Form on the day of discharge

- **When you have a new staff submitting CalOMS forms, please contact the HODA CalOMS team ([HODA\\_CALOMS@ph.lacounty.gov](mailto:HODA_CALOMS@ph.lacounty.gov)) to schedule a training session.**

# CalOMS Submission: Annual Update Requirements



- **For Whom:**

Annual updates are required for those participants in treatment for 12 months or more, continuously at one facility and same Level of Care (LOC).

- **When:**

Annual update information can be collected earlier than 12 months, as early as 60 days prior to the individual's admission date anniversary as well. However, annual update data must be collected no later than 12 months from the program participant's admission anniversary date.

- **Example:**

For a participant in a narcotic treatment LOC, such as methadone maintenance, for 12 months or longer, annual updates are required for all treatment program participants.

- CalOMS Admission records with the upcoming Annual Update due dates are flagged on the monthly CalOMS Data Quality Report

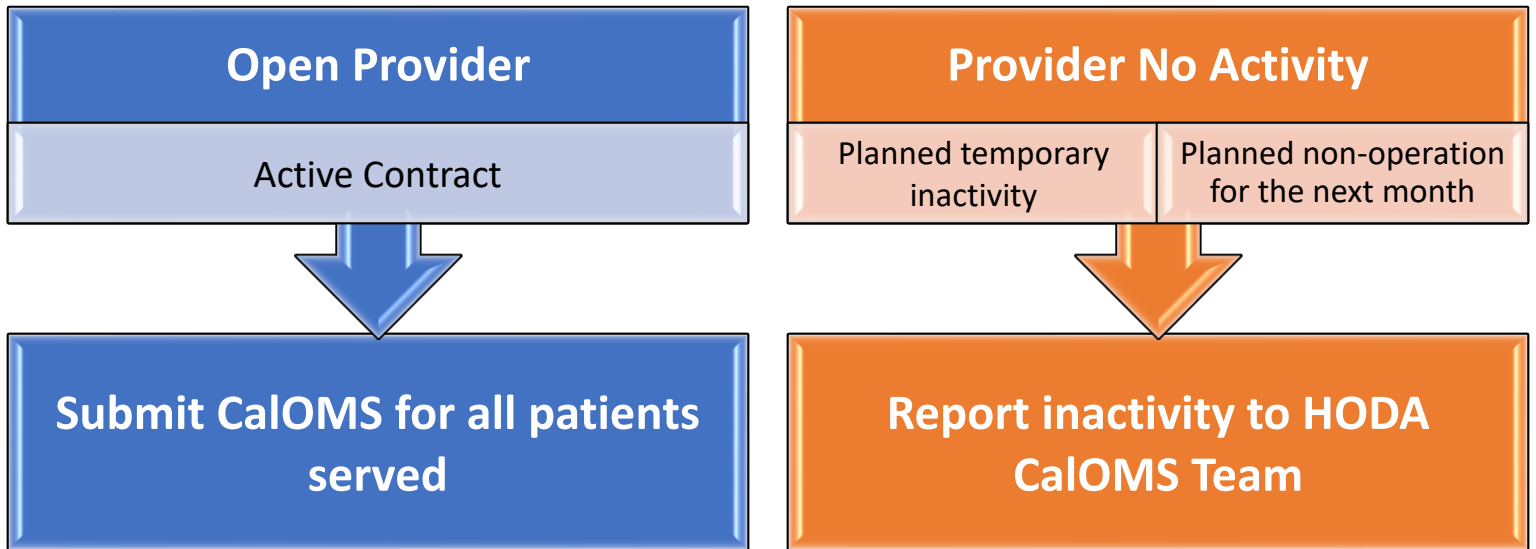
- **In summary:**

- **Required** if a participant remains in treatment for one year or longer.
- Can be completed as early as 60 days prior to admission anniversary date.
- **MUST** be completed **no later than 12 months** from participant's admission date (admission anniversary date, if longer than 2 years).

- **When you have a new staff submitting CalOMS forms or have any questions on Annual Updates, please contact the HODA CalOMS team**

**([HODA CALOMS@ph.lacounty.gov](mailto:HODA_CALOMS@ph.lacounty.gov)) to schedule a training session.**

# CalOMS Submission: Guidelines by Facility Status



There is **monthly** tracking of facilities that have active contracts.

## Open Provider

- When a provider is open/active, the provider is expected to submit CalOMS for all patients served.

## Provider No Activity

- If a provider has planned temporary inactivity or plans not to be in operation for the next **month**, then promptly **email the HODA CalOMS Team: [HODA\\_CALOMS@PH.LACOUNTY.GOV](mailto:HODA_CALOMS@PH.LACOUNTY.GOV)**

# CalOMS Submission FAQ

## GENERAL

### **Q1: Which questions am I required to answer?**

Please answer **all** fields that are available/activated, regardless of whether they are highlighted in red or not. When applicable and available, make sure to select “None,” “Not applicable,” “Not sure/don’t know,” “Client declined to state,” “Client unable to answer,” or use special codes described in Q2. Refer to other sections of this Quick User Guide for guidance on specific questions.

### **Q2: What special codes are available to use?**

When questions allow the following response options, please use:

- Client declined to state: 99900
- Not sure/don’t know: 99901
- Not applicable: 99902
- Client unable to answer: 99904. **Only applicable when:**
  1. The patient is in:
    - Nonresidential / Narcotic Treatment Program (NTP) Detoxification
    - Residential Detoxification
  2. OR the patient is developmentally disabled

When the question does not allow for special codes but has an option for “Other (Specify),” please select “Other (Specify)” and enter your response in the free text follow-up field.

### **Q3: When can I use the paper version of the CalOMS forms?**

The paper forms should be used only when:

- You cannot login to Sage (e.g., Sage system is down, power outage)
- CalOMS is open at another agency (e.g., “There is an active Cal-OMS admission” error message)

Any data collected using the paper forms must be entered into the CalOMS form in Sage as soon as the system allows (no uploading option for the paper form is available). Refer to the *CalOMS Resource Page* link (Appendix A, #1) for access to the paper forms.

**Q4: What should I do when I am unable to submit the CalOMS Admission Form because a patient has an open admission with another agency (i.e., “There is an active CalOMS admission...”)?**

- 1) STOP. Discard your CalOMS Admission.
- 2) Go to the *CalOMS Resources Page* and download the CalOMS Admission PDF. Collect patient’s admission information on the PDF.
- 3) Email the *HODA CalOMS Team*: **HODA\_CALOMS@PH.LACOUNTY.GOV**
- 4) Provide the following information for the admission you are trying to enter at your agency: Patient ID, Admission Date, Level of Care
- 5) Once the issue is addressed, enter CalOMS Form electronically in PCNX.
- 6) Paper/PDF CalOMS Forms are NOT accepted and must be entered electronically in the system once you are able to do so.

**NOTE:** Please DO NOT use a different level of care to bypass the system and save CalOMS. This will create further issues down the line. Refer to the *CalOMS Resource Page* link (Appendix A, #1) for access to the paper forms.

**Q5: What should I do when a patient is experiencing homelessness and does not have an address?**

- 1) The “**Admission (Outpatient)**” form in PCNX asks for the patient’s address. You can include the DPSS District Office, provider facility, shelter, or any other designated mailing address
- 2) However, in the **CalOMS form**, please use 00000 in the **Zip Code At Current Residence**. If a homeless patient is in a shelter or facility, you may use the shelter or facility zip code.

**Q6: I entered a CalOMS form in error. Can I request from Netsmart that the CalOMS form be removed from the system and complete a Miscellaneous Note explaining what happened?**

No, any submitted CalOMS forms CANNOT be deleted from the system.

Please contact the *HODA CalOMS Team* ([HODA\\_CALOMS@PH.LACOUNTY.GOV](mailto:HODA_CALOMS@PH.LACOUNTY.GOV)) immediately for guidance. These situations are handled on a case-by-case basis.

**Q7: I submitted a CalOMS Admission with the incorrect “Admission Date” or “Location of Admission.” What do I do?**

Currently, the system **will not** allow you to edit the CalOMS “Admission Date” or “Location of Admission” fields after the CalOMS Admission is submitted, so we advise agencies to be **very careful** when submitting any forms in PCNX.

Please contact the *HODA CalOMS Team* ([HODA\\_CALOMS@PH.LACOUNTY.GOV](mailto:HODA_CALOMS@PH.LACOUNTY.GOV)) immediately for guidance. These situations are handled on a case-by-case basis.

**Q8: CalOMS Admissions for “Recovery Support Services” look different in PCNX. Please explain what I should do.**

- If this message pops up “This record will not be submitted to Cal-OMS because there is no associated ‘Cal-OMS Type of Service’ for the selected Level of Care,” **you are allowed to click “OK” to bypass it.**
- “Cal-OMS Type of Service” will say “No Type of Service defined for this Level of Care. Record will not be submitted to Cal-OMS.” **This is OK and will not impact your CalOMS submission.**
- Use TAB key on the keyboard to navigate to the next activated question.
- “Secondary Drug Route of Administration” may be incorrectly activated and can be left blank.
- You may receive a pop-up that says, “There are more than 10 empty fields.” If you have already double checked that all activated fields are answered, **you can click “Continue Filing.”**
  - Unfortunately, this message may appear even when you have answered all activated fields.



## Q9: Which CalOMS discharge form should I use?

When you would like to submit a CalOMS discharge form, you must choose one form from the beginning in order to continue. If you select the wrong form, select “Cancel” or “Discard” to return to the home page. Then you can select the correct form.

There are three CalOMS discharge forms:

1. CalOMS Discharge
2. CalOMS Administrative Discharge
3. CalOMS Youth/Detox Discharge

A **CalOMS Discharge** form should be used when a patient qualifies for the following discharge status:

- 1: Completed treatment/recovery plan goals (referred or transferred)
- 2: Completed treatment/recovery plan goals (not referred or transferred)
- 3: Left before completing treatment/recovery plan goals with satisfactory progress (referred or transferred)
- 5: Left before completing treatment/recovery plan goals with unsatisfactory progress (referred or transferred)

A **CalOMS Administrative Discharge** form should be used only when a patient qualifies for the following discharge status:

- 4: Left before completing treatment/recovery plan goals with satisfactory progress (not referred or transferred)
- 6: Left before completing treatment/recovery plan goals with unsatisfactory progress (not referred or transferred)
- 7: Discharged by agency for cause (e.g., non-compliance with agency rules)
- 8: Death
- 9: Incarceration

A **CalOMS Youth/Detox Discharge** form should be used when a patient meets one of the following criteria:

- Youth patient = less than 18 years old at admission, or
- Admitted to detox LOC

Please refer to the Discharge Form section (Page 52) for detailed information.

**Q10: What is the Absence Without Leave (AWOL) policy for CalOMS?**

SAPC Provider Manual Version 8.0 (pg. 37) outlines the CalOMS AWOL policy:

- 1. For Non-OTP Levels of Care (ASAM 0.5, Outpatient, Intensive Outpatient, Withdrawal Management, Residential, Recovery Services):**
  - If a patient fails to appear for the scheduled appointment, the provider should make efforts to reengage the patient before discharging the patient from CalOMS and the treatment program **within 14 calendar days** from the scheduled appointment date.
- 2. For Opioid Treatment Program (OTP):**
  - If a patient fails to appear for the scheduled appointment, the provider should make efforts to reengage the patient before discharging the patient from CalOMS and the treatment program **within 30 calendar days** from the scheduled appointment date.

However, if another provider contacts the original provider with the intention of opening a CalOMS/LACPRS record for the patient who attended their program, the original provider should promptly discharge the patient from CalOMS/LACPRS.

For non-OTP levels of care, the **CalOMS “Discharge Date”** should correspond to the **date of the patient's last face-to-face or telehealth treatment session**. For Opioid Treatment Program (OTP) participants, the **CalOMS “Discharge Date”** should correspond to the date of the last oral medication the participant had. They shall document the actual date of discharge as the **“Discharge Process Date”** in the relevant CalOMS Discharge forms.

## Q11: Pop-up windows are appearing when they are not applicable. Help!

Pop-up windows may appear when they are not applicable:

- “CDC Identification Number: Enter a value”
- “Substance Abuse Treatment Under CalWORKs: Enter a value”
- “Medication Prescribed invalid - allowable value not provided”

Please double check whether the pop-up windows are applicable or not.

- If they are applicable, ensure the corresponding question is completed.
- If they are not applicable, click “Continue Filing.”
- If there is no option to click “Continue Filing,” then follow the steps below to manually refresh the questions:
  1. Take note of your existing responses in the corresponding section, such as “Criminal Justice” or “Other Funding Programs”
  2. Clear the existing response:
    - For “CDC Identification Number” error, clear “Criminal Justice Status” by clicking on the radio button for your current answer (a blue halo will appear), then pressing the F5 key on your keyboard.

- For the “Substance Abuse Treatment Under CalWORKs” error, clear “Other Funding Programs” by clicking “Clear.”

3. Click on a different field, such as “Number of Arrests.”
4. Re-enter the original response for “Criminal Justice Status” or “Other Funding Programs” and any other fields that were cleared.

**Note:** These pop-up windows do not impact the completeness on the CalOMS Data Quality Report. If completeness is reported as <100% on the DQR and these messages are present, another field is missing.

**Q12: When a transfer to the same level of care occurs on the same day, how should discharge/admission dates be documented?**

Since CalOMS episodes at the same level of care cannot have overlapping dates in Sage, the discharging site must discharge the day before the transfer on the CalOMS to allow the new site to admit the patient on the CalOMS on the day of the transfer.

If you are not able to complete a CalOMS Admission due to a possible same-day residential transfer, please complete the steps below:

- 1) STOP. Discard your CalOMS Admission.
- 2) Go to the CalOMS Resources Page and download the CalOMS Admission PDF. Collect patient's admission information on the PDF.
- 3) Email the *HODA CalOMS Team*: **HODA\_CALOMS@PH.LACOUNTY.GOV**
- 4) Provide the following information for the admission you are trying to enter at your agency: Client ID, Admission Date, Level of Care
- 5) Once the issue is addressed, enter CalOMS Form electronically in PCNX.
- 6) Paper/PDF CalOMS Forms are NOT accepted and must be entered electronically in the system once you are able to do so.

**NOTE:** Please DO NOT use a different level of care to bypass the system and save CalOMS. This will create further issues down the line. Refer to the *CalOMS Resource Page* link (Appendix A, #1) for access to the paper forms.

## **RESIDENTIAL PROGRAMS**

**Q13: When a Drug Court patient (LOC 3.1, 3.5) is sanctioned and taken into custody for longer than 7 days, what is the process we are supposed to complete when the individual returns?**

Complete the entire discharge process (CalOMS, discharge form, etc.), and complete a new admission when they return from custody. Do not simply complete a miscellaneous note when they return to treatment explaining that they were sanctioned into custody. Treatment cannot be billed while the patient is gone.

**Q14: If a residential (LOC 3.1, 3.5) patient with approved authorization leaves treatment and the CalOMS discharge is completed...**

**Q14a: Is the authorization still valid as long as that individual comes back to treatment within 7 days of their discharge?**

No, the approved authorization is valid only if the patient has not been discharged from CalOMS. If the patient is discharged from CalOMS, you cannot “undo” a CalOMS discharge and subsequently would need to perform a new admission, including a new ASAM assessment.

**Q14b: Are we required to complete all of the required information for a new admission in the Sage system upon the patient’s timely return within that 7 days?**

Yes, a new set of admission information must be completed in the Sage system (e.g., ASAM assessment, ICD-10 diagnosis, patient consent, etc.). If you think a patient will be returning within 7 days and want to exercise the 7-day bed hold option to reserve their bed while they’re gone and avoid having to do a new admission, then you should not discharge from CalOMS until after the 7 days passes. However, if the patient is admitted at a different agency after leaving your agency, then the patient must be discharged.

**Q14c: Could we just complete a CalOMS admission and a Miscellaneous Note explaining why the patient was discharged and re-admitted within the 7-day timeframe?**

No, a full new set of admission information must be entered in the Sage system (e.g., ASAM assessment, ICD-10 diagnosis, patient consent, etc.).

**Q14d: Do we request from Netsmart that the CalOMS discharge be removed from the system and complete a Miscellaneous Note explaining what happened?**

No, any submitted CalOMS forms CANNOT be deleted.

## **ADDITIONAL RESOURCES**

### **Q15: Who do I contact when I have CalOMS questions or issues?**

**When you encounter the following CalOMS issues, please contact the HODA CalOMS Team IMMEDIATELY.**

- Submitted the CalOMS form for the wrong date, LOC, or patient
- Unable to open the CalOMS Admission Form because the same patient's CalOMS Admission Form is submitted by another provider prior to your CalOMS data submission (the patient left before your CalOMS submission)
- Unable to submit the CalOMS Annual Update because of no admission record in the system
- Submitted a wrong discharge form

**Please note if you submit CalOMS data TIMELY and ACCURATELY, you can avoid these issues!**

### **How to Contact Us**

**SAPC HODA CalOMS Team Email: [HODA\\_CALOMS@PH.LACOUNTY.GOV](mailto:HODA_CALOMS@PH.LACOUNTY.GOV)**

- Harim Yoo
- Kelly Sadamitsu
- Jelilat Dayo Majekodunmi
- Katherine Wang

When contacting us, please provide the following:

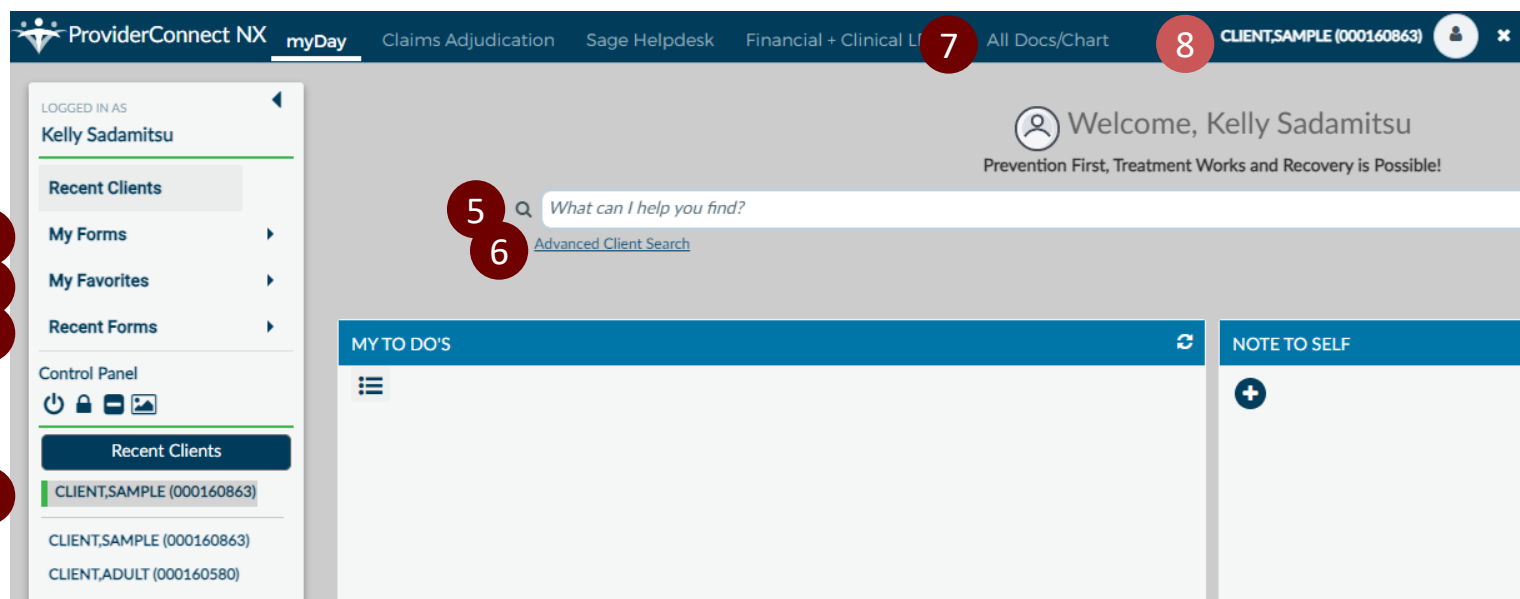
- Detailed description of the issue
- Screenshots of any error messages

### **Q15: Where can I go for additional CalOMS resources?**

Please refer to **Appendix A** for General Resources, such as the link to the CalOMS Resource webpage and the county and state CalOMS Data Collection Guides. **Appendix B** contains Medi-Cal Resources, such as the patient website, DHCS checklist, and links to check eligibility and apply online.

# NAVIGATING PCNX

# NAVIGATING PCNX



- 1 • **“My Forms”** is a comprehensive way to navigate to any Sage form.
  - CalOMS Forms can be found by navigating to:
    - My Forms > Avatar PM > Client Management > Client Information
- 2 • For easy access to frequently used forms, add them to **“My Favorites.”**
- 3 • **“Recent Forms”** will list the most recent forms accessed during the current session.
- 4 • Patients accessed during your current session will be listed under **“Recent Clients.”**
  - A patient’s record is selected if the name is highlighted with a green bar on the left. The patient’s name and ID will also appear on the bar at the top of the window 8.
  - When a patient's name is highlighted, any forms that you open will be associated with that patient.
- 5 • The **“search bar”** can be used to navigate to any form, patient, or staff member.
- 6 • **“Advanced Client Search”** is recommended when searching for patients because more patient identifiers can be entered to ensure the correct record is selected.
  - At least three patient identifier fields must be entered in order to search for a patient.
- 7 • **“All Docs/Chart”** is not recommended for opening CalOMS forms.
  - Can be used to save/print PDFs of CalOMS forms that have been submitted.
  - Can be used to check which type of CalOMS Discharge form was previously submitted.



# MY FAVORITES (RECOMMENDED)

**1** Add frequently used forms to “My Favorites” by clicking “My Favorites” then “Edit Favorites” **2** .

**3** Use the “Favorites Editor” search bar to search for the form of interest. Click each form to add it.

**4** “Add Folder” can be used to help organize forms into groups and subgroups.

**5** Be sure to “Save” once done making changes.

**6** “Dismiss” can be used to discard any changes.

**FAVORITES EDITOR**

cal-oms **3** Add Folder

Here is what I found:

Forms

Undock	Name	Menu Option
	Cal-OMS Admission	/ Avatar PM / Client Management / Client Information
	Cal-OMS Annual Update	/ Avatar PM / Client Management / Client Information
	Cal-OMS Discharge	/ Avatar PM / Client Management / Client Information
	Cal-OMS Youth/Detox Discharge	/ Avatar PM / Client Management / Client Information
	Cal-OMS Administrative Discharge	/ Avatar PM / Client Management / Client Information

**FAVORITES EDITOR**

What can I help you find? **4** Add Folder

- Cal-OMS Admission
- Cal-OMS Annual Update
- CalOMS Discharges
- Cal-OMS Discharge
- Cal-OMS Youth/Detox Discharge
- Cal-OMS Administrative Discharge

**5** **6** Save Dismiss

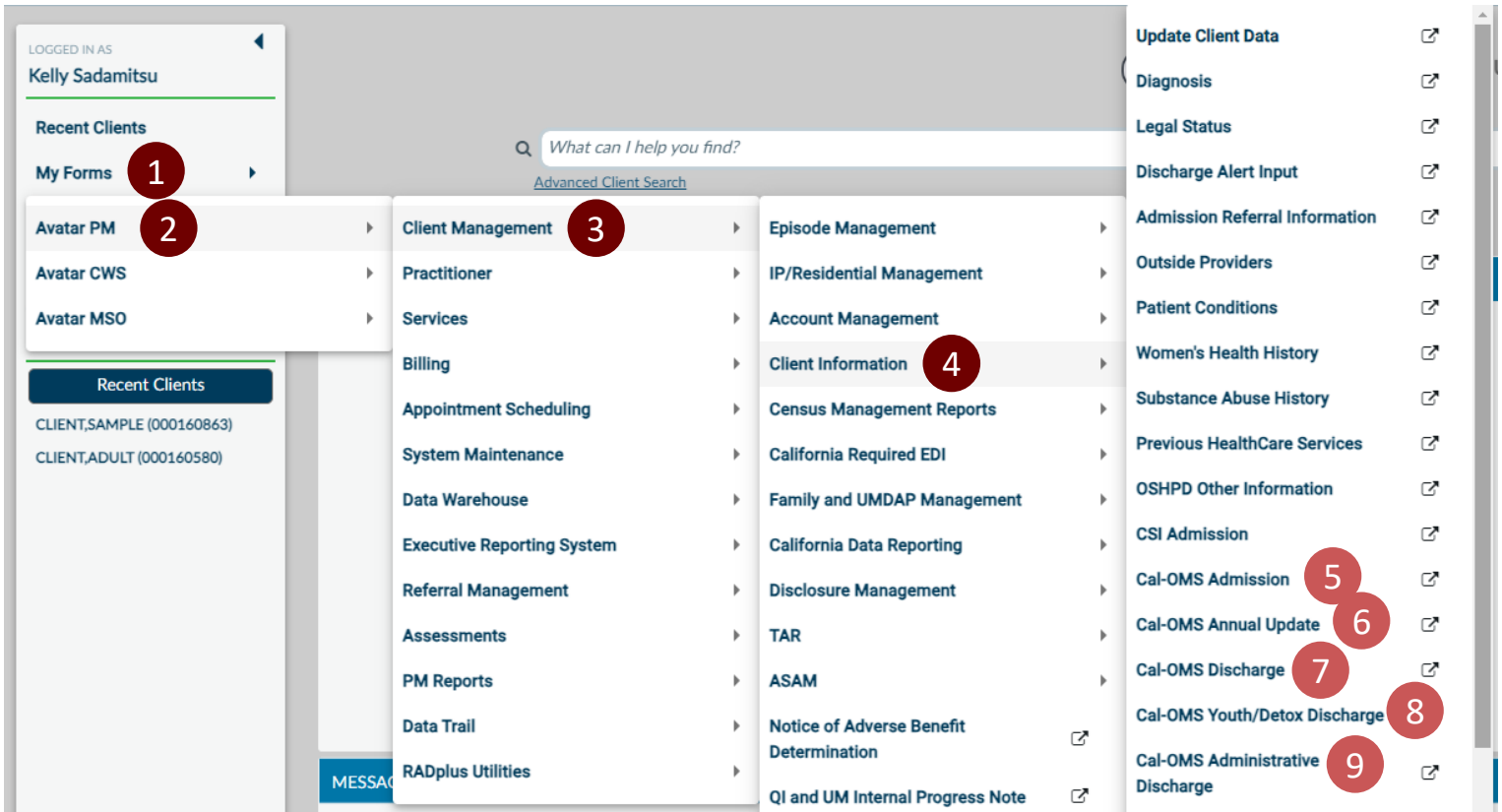
**My Favorites**

**Edit Favorites**

- Cal-OMS Admission
- Cal-OMS Annual Update
- CalOMS Discharges
- CLIENT,ADULT (000160580)
- CLIENT,SAMPLE (000160863)

- Cal-OMS Discharge
- Cal-OMS Youth/Detox Discharge
- Cal-OMS Administrative Discharge

# MY FORMS



## CalOMS Forms can be found

by navigating to:

- 1 My Forms >>
- 2 Avatar PM >>
- 3 Client Management >>
- 4 Client Information >>
- 5 CalOMS Admission
- 6 CalOMS Annual Update
- 7 CalOMS Discharge
- 8 CalOMS Youth/Detox Discharge
- 9 CalOMS Administrative Discharge

# ALL DOC/CHART

“ALL DOC/CHART” is recommended for:

- Printing/saving PDFs of previously submitted CalOMS forms
- Viewing which CalOMS discharge form type was previously submitted
- Viewing fields that were submitted successfully

“ALL DOC/CHART” is NOT recommended for:

- Opening CalOMS forms

The screenshot shows the 'All Docs/Chart' view for a patient named Kelly Sadamitsu. The interface is divided into several sections:

- Navigation Menu (Left):** Includes 'PATIENT CHART FORMS', 'ADMISSION/INTAKE', 'CAL-OMS', 'FINANCIAL ELIGIBILITY', and 'CLINICAL DOCUMENTATION'.
- Patient Information (Top):** Displays patient details such as name, date of birth, and location.
- PATIENT CHART FORMS (Table):** A table with columns for Form Description, Episode, Date, Time, Data Entry By, and Workflow Status. The table lists several Cal-OMS forms, including admissions and discharges.
- CONSOLE WIDGET VIEWER (Right):** Displays detailed information for the selected form, including 'Client Identification and Demographic Data'.

- After selecting a patient, navigate to the “All Doc/Chart” view.
- Select the “CalOMS” tab to view previously submitted CalOMS forms.
- The “Date” and “Time” listed for each form refers to the last date/time the form was submitted/saved, not the Admission Date or the Discharge Date.
- Type of CalOMS discharge form will be listed under “Form Description.”
- Double click the form of interest to view it in the **6** “Console Widget Viewer.”
  - Instructions for printing/saving PDFs of CalOMS forms can be found on the next page (Page ##).

# ALL DOC/CHART

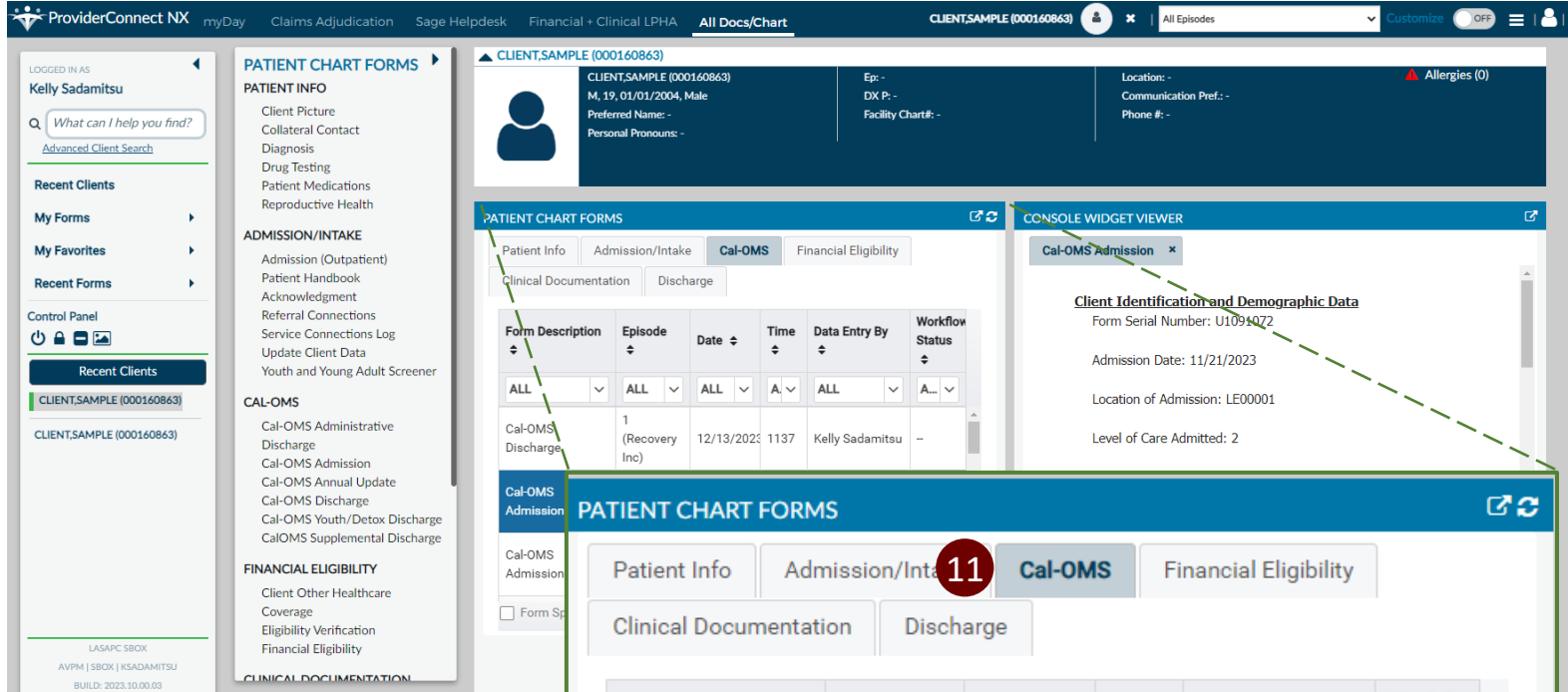
The screenshot displays the ProviderConnect NX interface. At the top, the navigation bar includes 'ProviderConnect NX', 'myDay', 'Claims Adjudication', 'Sage Helpdesk', 'Financial + Clinical LPHA', and 'All Docs/Chart'. The user is logged in as Kelly Sadamitsu. The main interface is divided into several sections:

- Left Sidebar:** Contains navigation options like 'Recent Clients', 'My Forms', 'My Favorites', and 'Recent Forms'. A search bar is also present.
- Patient Chart Forms:** A central pane showing 'PATIENT CHART FORMS' for CLIENT.SAMPLE (000160863). It includes tabs for 'Patient Info', 'Admission/Intake', 'Cal-OMS', and 'Financial Eligibility'. The 'Cal-OMS' tab is active.
- Console Widget Viewer:** A pane on the right displaying the 'Cal-OMS Admission' form. It shows the following data:
  - Client Identification and Demographic Data**
  - Form Serial Number: U1091072
  - Admission Date: 11/21/2023
  - Location of Admission: LE00001
  - Level of Care Admitted: 2
  - Cal-OMS Type of Service: Nonresidential / Outpatient Day Program-intensive
  - Record to be Submitted: Admission
  - Unique Participant ID:: CS1010104
  - Flag for Cal-OMS Submission: Yes
  - Birth First Name: SAMPLE
- Print Menu:** A dropdown menu is open, showing 'Print Current' (highlighted with a red circle 10) and 'Print All'.

## To print/save a PDF of a CalOMS Form:

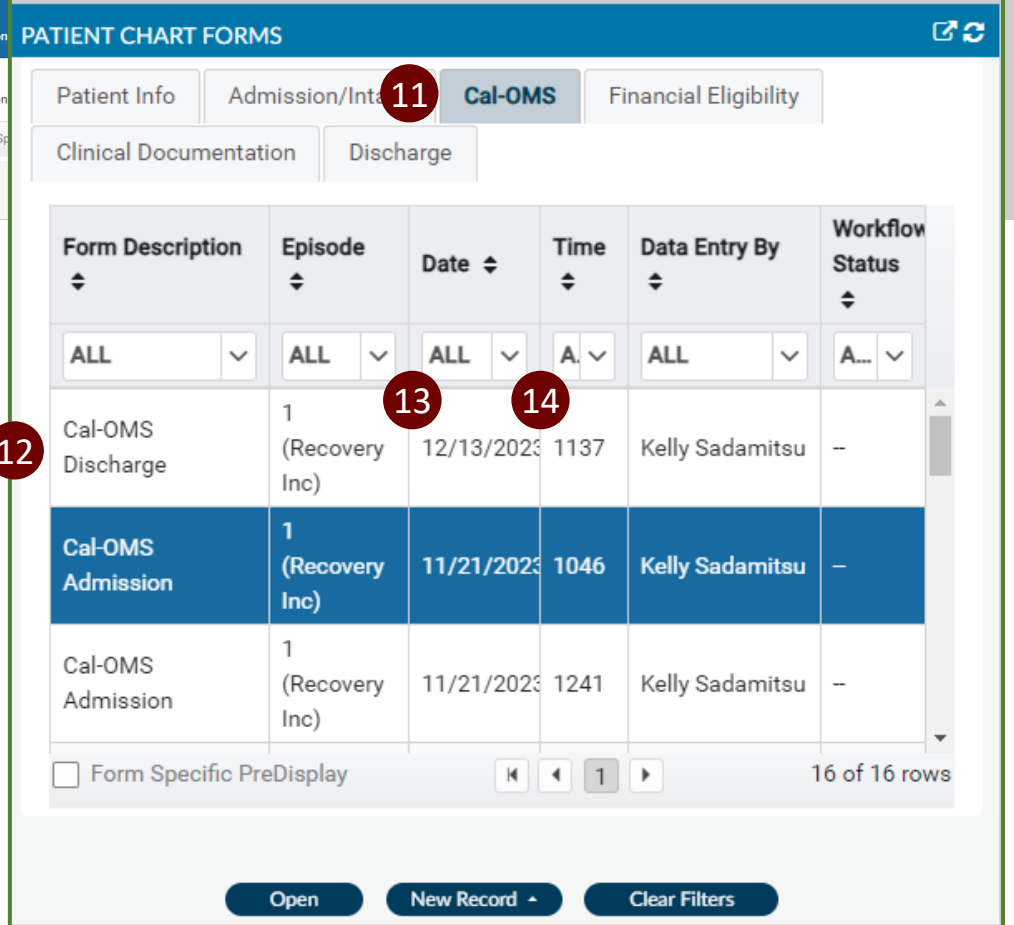
- 7 • “Console Widget Viewer” will display a tab for each form you have open.
- 8 • **Note:** “Console Widget Viewer” will only display fields that were answered. Fields that were not answered will **not** be displayed.
- 9 • To print/save a PDF of a CalOMS Form, select 9 “Print” then 10 “Print Current.”

# ALL DOC/CHART



**To view the discharge form type that was previously submitted:**

- 11 • Select the “Cal-OMS” tab in the “Patient Chart Forms” section.
- 12 • “Form Description” will list the type of CalOMS discharge form that was previously submitted (e.g., CalOMS Discharge, CalOMS Administrative Discharge, CalOMS Youth/Detox Discharge).
- 13 14 • **Note:** Once you know the type of CalOMS discharge form that was previously submitted, only use this form type to re-enter an existing form. It is recommended to access the form through “My Favorites,” “My Forms,” or the **search bar**.
- 13 14 • **Reminder:** The “Date” and “Time” listed for each form refers to the last date/time the form was submitted/saved, not the Admission Date or the Discharge Date.



# CalOMS Data Quality Report

# CalOMS Data Quality Report

## CalOMS Data Quality Report

- Sent monthly by HODA CalOMS Team to designated CalOMS liaisons from Los Angeles County (LAC) substance use disorder (SUD) agencies.
- Intended to assist LAC SUD agencies in accomplishing the ongoing countywide goals outlined below.

### CalOMS Goals for All LAC SUD Agencies

Improve CalOMS  
completeness

Improve CalOMS  
submission timeliness

- Admission within 7 days
- Discharge within same day

Discharge open  
CalOMS episodes  
when patients are no  
longer active

Use standard CalOMS  
Discharge Form,  
whenever applicable

Complete Discharge  
Status field when  
filling out CalOMS  
discharge forms

### Agency Expectations

- Agency progress is monitored.
  - HODA CalOMS Team regularly monitors metrics related to the countywide goals mentioned above.
- Agencies are welcome to submit feedback or responses by returning the report file with comments to the HODA CalOMS Team.
  - HODA CalOMS Team will follow up as needed to address questions or issues with any cases.
- When you come across any questions, issues, or error messages while working on the CalOMS Data Quality Report, please reach out to the *HODA CalOMS Team* right away: **HODA\_CALOMS@PH.LACOUNTY.GOV**

# CalOMS Data Quality Report

## “Definition” Tab

- Includes “Report prepared by” date.
  - Any updates made in PCNX after the report is prepared will not be reflected in the current report.
- Provides definitions for each column of each tab on the report

## “Overview” Tab

- Provides a summary of CalOMS Admission and Discharge data, including timeliness, completeness, demographics, and treatment progress metrics.
- Includes breakdown by:
  - Agency, current reporting period
  - Agency, fiscal year-to-date (YTD)
  - Los Angeles County Overall, fiscal year-to-date (YTD)

## “CalOMS Quality” Tab

- Includes all CalOMS submissions for the **current fiscal year** (i.e., with a CalOMS Admission Date and/or Discharge Date in the current fiscal year)
- Agencies are welcome to add comments/findings to this tab and return to the HODA CalOMS Team for review.
- See next page for detailed information



# CalOMS Data Quality Report

## “CalOMS Quality” Tab

- Main categories of cases outlined below:

### “Need CalOMS Admission”

Marked by:

Need CalOMS Admission

- There is only billing activity for the patient at the level of care (LOC) listed and for the approximate dates listed **BUT no** corresponding CalOMS.

**Action Items:** Investigate the situation. CalOMS LOC and dates should align with treatment services provided and with billing.

### CalOMS Open Admissions

- CalOMS Admissions from the current fiscal year that have not been discharged.
- Rows will not contain any discharge information.
- Billing and claims information provided for reference.
  - For cases marked as: No Billing in FY2324
    - There is **no** billing activity for the patient, although a CalOMS was opened.

**Action Items:**

- Check if patients are still active. If not, process CalOMS Discharge.
- Address Admission Completeness <100%
- Investigate billing delays/discrepancies. CalOMS LOC and dates should align with treatment services provided and with billing.

### Discharged CalOMS Episodes

- CalOMS episodes discharged in the current fiscal year.

**Action Items:**

- Address Admission and Discharge Completeness <100%
- Ensure “Discharge Status” field is answered.

# **“ADMISSION (OUTPATIENT)” FORM**

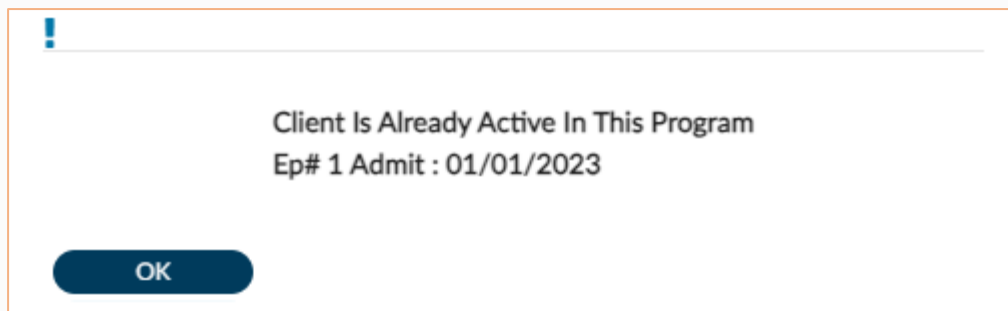
# “ADMISSION (OUTPATIENT)” FORM

“Admission (Outpatient)” and “Update Client Data” are **not** CalOMS forms.

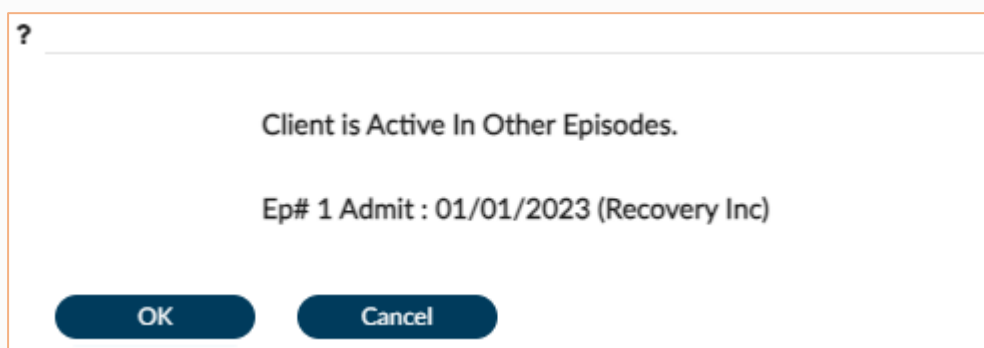
- When a patient is **new to your agency**, the “Admission (Outpatient)” form is used to “open” the patient’s chart in PCNX.
- When a patient has **been to your agency before**, the “Admission (Outpatient)” form does not need to be completed.
- To update demographic information for a patient who has **been to your agency before** and already has an “Admission (Outpatient)” form at your agency, you can use the “Update Client Data” form.

## Pop-up messages may appear:

- When a patient already has an “Admission (Outpatient)” form completed at your agency → Form does not need to be completed



- If a patient has been to other agencies in the SAPC SUD Treatment network → Click OK to bypass this message, then proceed with completing form



# ADMISSION INFORMATION

▼ Episode Information

**1** Client Name \*

**5** Preadmit/Admission Date \*

Episode Number **2** Social Security Number

1

**6** Preadmit/Admission Time \*

Current Time H  M  AM/PM

**3** Date Of Birth  Calendar T Y

Age

**7** Admitting Practitioner \*

**4** Sex \*

Female  Male  Other

Unknown

**8** Program \*

**9** Type Of Admission \*

**10** Source Of Admission

▼ Rights/Disabilities

**11** Received Copy Of Client Rights

Yes  No

**15** Advanced Directive

Yes  No

**12** Disabilities/Impairments

None

Visual

Hearing

Speech

Mobility

Mental

Developmentally Disabled

Other

**16** Advanced Directive Note

**13** Disabilities-2

None

Visual

Hearing

Speech

Mobility

Mental

Developmentally Disabled

Other

**14** Disabilities-3

None

Visual

Hearing

Speech

Mobility

Mental

Developmentally Disabled

Other

**1 2 3 4 5 6 7 8 9** These are required fields for the initial admission.

- 2** • Social Security Number: Enter 9 digits without dashes or xxx-xx-xxxx format. Wrong SSN input will cause error for the CalOMS admission form.
- If a patient declined to state, does not know, or has no SSN, use 999-99-9999.
- This field is populated on the CalOMS form.

# DEMOGRAPHICS

▼ Client Demographics

<b>17</b> Client Last Name <input type="text" value="CLIENT"/>	<b>18</b> Client First Name <input type="text" value="SAMPLE"/>	<b>23</b> Maiden Name <input type="text"/>	<b>24</b> Marital Status <input type="text" value="Select"/>
<b>19</b> Client Middle Name <input type="text"/>	<b>25</b> Preferred Language <input type="text" value="Select"/>		<b>26</b> Client Race <input type="text" value="Select"/>
<b>20</b> Preferred Name <input type="text"/>	<b>21</b> Personal Pronouns <input type="text"/>	<b>27</b> Ethnic Origin <input type="text" value="Select"/>	<b>28</b> Religion <input type="text" value="Select"/>
<b>22</b> Suffix <input type="radio"/> Sr <input type="radio"/> Jr <input type="radio"/> III <input type="radio"/> IV <input type="radio"/> V <input type="radio"/> VI		<b>29</b> Place Of Birth <input type="text"/>	<b>31</b> Education <input type="text" value="Select"/>
<b>30</b> Country Of Origin <input type="text" value="Select"/>		<b>32</b> Employment Status <input type="text" value="Select"/>	
<b>33</b> Occupation <input type="text" value="Select"/>			

▼ SOGI

<b>34</b> Gender Identity <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Male-to-Female (MTF)/Transgender Female/Trans Woman <input type="radio"/> Female-to-Male (FTM)/Transgender Male/Trans Man <input type="radio"/> Genderqueer, neither exclusively male nor female <input type="radio"/> Chose not to disclose <input type="radio"/> Additional gender category or other, please specify  <input type="text" value="Gender Identity (Please Describe)"/>	<b>35</b> Sexual Orientation <input type="radio"/> Straight or heterosexual <input type="radio"/> Lesbian, gay or homosexual <input type="radio"/> Bisexual <input type="radio"/> Do Not Know <input type="radio"/> Chose Not To Disclose <input type="radio"/> Something else, please describe  <input type="text" value="Sexual Orientation (Please Describe)"/>
---	--

17 18 24 25 26 27 32 34 35

These are required fields for the initial admission.

17 18 24 25 26 27 32

These fields are populated on the CalOMS form.

# DEMOGRAPHICS

▼ Contact Information

36 Client's Address - Street

37 Client's Address - Street 2

38 Client's Address - City

40 Client's Address - County

42 Address Start Date

44 Client's Home Phone

45 Client's Cell Phone

46 Client's Work Phone

47 Client's Email Address

39 Client's Address - State

41 Client's Address - Zipcode

43 Communication Preference

<input type="radio"/> Email	<input type="radio"/> Regular Mail	<input type="radio"/> Home Phone	<input type="radio"/> Text
<input type="radio"/> Work Phone	<input type="radio"/> Cell Phone	<input type="radio"/> Do Not Contact	<input type="radio"/> Consumer Portal

▼ Smoking Status

48 Smoker

49 Smoking Status Assessment Date

▼ Military Status

50 Veteran  Yes  No

51 Military Related Disability  Yes  No

52 Military Branch Of Service

53 Military Service From

54 Military Service To

41

**Zip Code:** Put a valid 5-digit zip code of patient’s current address.

- If a patient is homeless, use 00000. If a homeless patient is in a shelter or a facility, you may use the shelter or facility zip code.
- If a patient declined to state, use XXXXX.
- If a patient is unable to answer, use ZZZZZ.

- This is a required field for the initial admission.
- This field is populated on the CalOMS form.

30

# DEMOGRAPHICS

▼ Alias

Alias

Alias 2

Alias 3

Alias 4

Alias 5

▼

Informed of Smoking Policy

Yes

No

55

56

57

58

59

60

# CALOMS ADMISSION FORM



# PATIENT IDENTIFICATION AND DEMOGRAPHICS

The screenshot shows the 'Cal OMS Submission Details' form. It includes the following fields and callouts:

- 1**: 1.1. Admission Date \* (Calendar icon)
- 2**: 1.2. Location of Admission \* (Text field with 'x' icon)
- 3**: 1.3. Level of Care Admitted \* (Dropdown menu with 'Select' and 'x' icon)
- 4**: 1.4. Record to be Submitted \* (Dropdown menu with 'Admission' and 'x' icon)
- 5**: Flag for Cal-OMS Submission \* (Radio buttons for 'Yes' and 'No')
- 6**: Flag for Resubmission ? (Radio buttons for 'Yes' and 'No')
- Unique Participant ID:** HT2020100
- Cal-OMS Type of Service:** (Greyed out field)
- Red Prohibition Sign:** Located at the bottom right of the form.


**1 2** Currently, the system will not allow the fields “Admission Date” and “Location of Admission” to be edited after the form is submitted. They **cannot** be edited after initial submission. **Please double check and ensure this information is correct before submitting.**

If you submit incorrect values for either of these fields, please contact the *HODA CalOMS Team* (HODA\_CALOMS@PH.LACOUNTY.GOV) immediately for guidance. These situations are handled on a case-by-case basis.

**4** ONLY use the option “Admission.” DO NOT use any other possible values. They will create errors.

**5** ONLY use the option “Yes”

**6** ONLY use the option “No”

 Do not touch this field.

# PATIENT IDENTIFICATION AND DEMOGRAPHICS

Client Identification

7	1.5. Birth Last Name	8	1.6. Birth First Name	9	1.7. Place of Birth - State Select	10	1.8. Place of Birth - County Select
11	1.9. Current Last Name	12	1.10. Current First Name	13	1.11. Driver's License State Select	14	1.12. Driver's License Number
15	1.13. Social Security Number	16	1.14. Zip Code At Current Residence	17	1.15. Mother's First Name		

- 9 • If 10 “Place of Birth – County” is within California, California must be selected.
- If the patient was born outside the U.S., select “Other (born outside of the U.S.)”
- If the individual cannot remember or does not know what state he/she/they was/were born in, select the state in which the individual is living.
- 10 • If 9 “Place of Birth – State” is “Born outside of the U.S.” or a state rather than California, then select “Other (born outside of CA).”
- If 9 “Place of Birth – State” is “California,” a county name must be selected.
- If the individual cannot remember or does not know what county he/she/they was/were born in, select the county in which the individual is living.
- 13 • The “Driver’s License State” drop-down menu is **ALPHABETICALLY** ordered.  
**If a patient does not have a driver’s license or state ID card, select “None or not applicable.”** Options for “Client declined to state” and “Client unable to answer” are also available. Be sure to choose the correct option and align with special codes in 14.
  - Choosing a random state when the patient does not have a license or state ID card is incorrect.
- 14 • An alpha-numeric driver’s license/state identification card number
  - **If the following situations apply, use the special codes below** and make sure that the responses are aligned in 13. (**99900**: Client declined to state; **99902**: None or N/A; **99904**: Client unable to answer due to detox or developmental disability)
- 15 The SSN from the “Admission (Outpatient)” Form may contain non-valid SSNs such as 999-99-9999. However, this is invalid for the *CalOMS Admission Form*. For these cases, the *CalOMS Admission Form* must be updated with one of the following special codes (**99900**: declined to state; **99902**: N/A, does not have SSN; **99904**: unable to answer due to detox or developmental disability), as non-action will result in errors.
- 16 Prefilled from the demographic form. Refer to the following guide for changes:
  - If a patient is homeless, use 00000; if a homeless patient is in a shelter or facility, use the shelter or facility zip code.
  - If a patient declined to state, use XXXXX.
  - If a patient is unable to answer, use ZZZZZ.
- 17 • If a patient is unable to provide a name or cannot recall his/her mother’s name, enter “mother,” “mom,” or ask the person to provide mother’s nickname.

# PATIENT IDENTIFICATION AND DEMOGRAPHICS

Race

1.16. What is your race?

Select x v

1.16a. Race 1  
Select v

1.16b. Race 2  
Select v

1.16c. Race 3  
Select v

1.16d. Race 4  
Select v

1.16e. Race 5  
Select v

1.16f. Other Race (Specify)

18

19

- 18 • For patients of mixed race, select “Mixed Race” in the “Race” field; specify the mixed races in the “Race (1)” to “Race (5)” fields.
  - If “Mixed Race” is selected, Race (1) and Race (2) are enabled/required
  - When Race (2) is filled out, Race (3) will be enabled and so on.
  - When there are no more races to add, leave the last Race field blank.
- If “Other Race (Specify)” is chosen, go to question 19 directly.
- For Hispanic/Latino patients who do not want to identify themselves with any other race, choose “Other Race (Specify)” then go to Ethnicity question 20 directly.

### Race (answer choices)

Alaskan Native	Guamanian	Other Asian
American Indian	Hawaiian	<b>Other Race (Specify)</b>
Armenian	Iranian	Samoan
Asian Indian	Japanese	Thai
Black/African-American	Korean	Vietnamese
Cambodian	Laotian	White/Caucasian
Chinese	Middle Eastern	
Filipino	Mixed Race	

# PATIENT IDENTIFICATION AND DEMOGRAPHICS

▼ Ethnicity

20 1.17. Ethnicity

Select x ▼

21 South American (Specify)

---

22 1.18. What is your marital status?

Select x ▼

23 1.19. What is the primary language you speak at home?

Select x ▼

24 Other Primary Language (Specify)

---

25 1.20. How well do you speak English?

Select x ▼

26 1.21. Which language do you prefer to receive treatment services in?

Select x ▼

27 Other Preferred Language (Specify)

---

- 20 • Be careful not to mix the race with the ethnicity responses.
  - E.g., “Hispanic” is considered an ethnicity NOT a race.
- If “South American (Specify)” is chosen, answer question 21 and input a South American ethnicity that is NOT listed in the “Ethnicity” field options.

### Ethnicity (answer choices)

Belizean	Honduran	Panamian
Costa Rican	Mexican/Mexican American	Puerto Rican
Cuban	Nicaraguan	Salvadorian
Dominican	Not Hispanic	<b>South American (Specify)</b>
Guatemalan	Other Hispanic/Latino	

- 24 This field will be enabled when “Other Primary Language” is selected from 23 “Primary Language at Home” field options. Put a language that is not listed in the “Primary Language at Home” question.
- 27 This field will be enabled when “Other Preferred Language” is selected from 26 “Preferred Treatment Language” field.

# PATIENT IDENTIFICATION AND DEMOGRAPHICS

▼ Veteran Consent and Disability Data

28 1.22. Veteran

No  Yes

Client declined to state  Client unable to answer

29 1.23. Consent

No  Yes

30 1.24. Disability

None

Visual

Hearing

Speech

Mobility

Mental

Developmentally Disabled

Other

Client declined to state

Client unable to answer

▼ Sexual History

31 1.25. In the past year (12 months), have you had sex with a male?

Yes  No

Don't Know  Refused

36 1.30. How many sexual partners have you had in the past year?

\_\_\_\_\_

32 1.26. In the past year, have you had sex with a female?

Yes  No

Don't Know  Refused

37 1.31. When you have sex, do you wear condoms?

Select \_\_\_\_\_

33 1.27. In the past year, have you had sex with a transgender/transsexual?

Yes  No

Don't Know  Refused

34 1.28. In the past year, have you used methamphetamines?

Yes  No

Don't Know  Refused

35 1.29. If Yes, Did you use methamphetamines before or during sex?

Yes  No

Don't Know  Refused

29 Set to “No” as default.

- 30
- A patient may have more than one disability.
  - Can NOT be combined with other disability types when choosing one of the following:
    - None
    - Client declined to state
    - Client unable to answer

36 37 These questions are for youth (ages 12 – 17 years) only.

# ADMISSION DATA

The screenshot shows the 'Admission Data' section of a form. It contains several fields with callouts:

- 1**: Callout for the '3.1. Proposition 36 Participant?' field, which has radio buttons for 'Yes' and 'No'.
- 2**: Callout for the '3.2. What is your Principal Source of Referral?' field, which is a dropdown menu.
- 3**: Callout for the '3.3. Days Waited to Enter Treatment' field, which is a text input.
- 4**: Callout for the '3.4. Number of Prior Episodes' field, which is a text input.
- 5**: Callout for the '3.5. Is the client a Medi-Cal beneficiary (eligibility determined)?' field, which is a dropdown menu.
- 6**: Callout for the '3.6. Application Submit Date' field, which is a date picker.
- 7**: Callout for the '3.7. CIN' field, which is a text input.

- Field **3** = A valid number from 0 to 999.
- Field **4** = A valid number from 0 to 99.
- **99900**: declined to state; **99901**: not sure/don't know; **99902**: N/A; **99904**: unable to answer due to detox or developmental disability
  - Detailed instructions for special codes are located on Page 6 of this guide.
- “Yes” is applicable for a patient who **has** a CIN number, and Medi-Cal eligibility has been determined and **verified** through the Medicaid Eligibility Data System (MEDS).
  - If this is chosen, enter CIN number in question **7**.
- “Pending” is applicable for patients who **submitted** a Medi-Cal application but Medi-Cal eligibility **is still pending** (i.e., not in MEDS yet).
  - If this is chosen, enter the “Application Submit Date” in **6** and use “Pending” as the CIN number in **7**.
- “No” is applicable for patients who did not submit the Medi-Cal application at the time of admission or who are not eligible for Medi-Cal.
  - If patients are deemed eligible based on the eligibility verification form (e.g., income), providers can take active steps to ensure patients submit applications to DPSS during their intake process.
  - Also, if patients meet medical necessity, providers should select either MHLA or other Non-DMC funding programs if applicable for “Other Funding Programs” field **8**.

For additional Medi-Cal resources (e.g., how to check eligibility, how to apply online, DHCS checklist, patient website), please see Appendix B.

# ADMISSION DATA

▼ Funding Programs

**8** 3.8. Other Funding Programs (Choose all that apply)

All | Clear |

AB109

Adult Drug Court

CalWORKS (API)

CalWORKS Detox

CalWORKS Family Solution Center

CalWORKS

DCFS-PSSF (TLFRG)

**9** 3.9. Probation PDJ Number

**10** 3.10. CalWorks Case Number

**11** 3.11. Please select camp

**12** 3.11a. Other Camp (Specify)

**13** 3.12. General Relief Case Number

**14** 3.13. DCFS Case Number

**15** 3.14. Drug Court Case Number

**16** 3.15. AB 109 Case Number

**17** 3.16. AB 109 PB Number?

CalWORKs Recipient

No  Yes

Not sure/Don't Know

Substance Abuse Treatment Under CalWORKs

No  Yes

Not sure/Don't Know

▼ MHLA/RBH

**18** 3.17. What is your My Health LA participant ID (13 digits)?

**19** 3.18. Please select MHLA medical home provider/clinic

**20** 3.19. Is the client in or being admitted to Recovery Bridge Housing?

- 8** • If “Adult Drug Court,” “Family Dependency Drug Court,” “AB109,” “Prop 47,” “Prop 57,” “Juvenile In Custody Probation Camp,” “Probation/Day Reporting Center,” “Probation JJCPA,” or “Probation Title IV E” is selected, then “No Criminal Justice Involvement” CANNOT be selected for the “Criminal Justice Status” field on Page ##.
- “My Health LA” CANNOT be selected if “Yes” or “Pending” was selected for the “Medi-Cal beneficiary” field **5**.

**9 10 11 12 13 14 15 16 17** These fields will be activated as applicable based on responses for **8**.

**18** This is a 17-digit number. The current system only allows 13 digits.  
**Put the last 13 digits in this filed.**

**20** Recovery Bridge Housing participants must be concurrently enrolled in Outpatient, Intensive Outpatient, OTP, or WM1 services.

# ADMISSION DATA

Field Based Services

21 3.20. Field Based Services?  
Select x v

22 3.21. Type of Field Based Services (check all that apply)  
All Clear Search Q  
 Alcohol Drug Testing  
 Assessment (Triage, Continuum)  
 Case Management  
 Collateral Services  
 Crisis Intervention

23 3.22. Field Based Services Location  
Select v

24 Other Field Based Location (Specify)  
\_\_\_\_\_

25 3.23. Special Services Contract  
 Yes  No

26 3.24. Special Services Contract ID  
\_\_\_\_\_

27 3.25. JJCPA/Schiff-Cardenas  
 Yes  No

Personal Responsibility Assessment

28 3.26. How good are you at taking care of personal responsibilities (e.g., paying bills, following through on personal or professional commitments)? (from 1 --> not good at all to 10 --> very good)  
\_\_\_\_\_

29 3.27. County Paying for Services  
Select x v

25 Select "No" as default. This will auto-populate the following fields:

- 26 99902
- 29 None or Not Applicable

27 This field indicates whether the youth patient participated in the Juvenile Justice Crime Prevention Act (JJCPA), formerly referred to as Schiff Cardenas.



# ALCOHOL AND DRUG USE DATA

## Primary and Secondary Drug Use

1	4.1. Primary Drug (Code) Select	6	4.6. Secondary Drug (Code) Select
2	4.2. Primary Drug Name	7	4.7. Secondary Drug Name
3	4.3. Days of Primary Drug Use In The Last 30 Days	8	4.8. Days of Secondary Drug Use In The Last 30 Days
4	4.4. Primary Drug Route of Administration Select	9	4.9. Secondary Drug Route of Administration Select
5	4.5. Primary Drug Age of First Use	10	4.10. Secondary Drug Age of First Use

2 A drug name that was not in the “Primary Drug (Code)” list must be provided when “Other” drug is chosen for question 1. Enter 999 if you do not know the drug name.

Common “Other” Drugs:

- Fentanyl = “Other Opiates and Synthetics”
- Xanax = “Tranquilizers (Benzodiazepine)”
- GHB = “Other Sedatives or Hypnotics”
- BZP = “Other Stimulants”

3 8 Input number must be within the range of 0 to 30. If the patient has been in a controlled environment such as jail or a residential facility 30 days before entering treatment and reports no drug use in those 30 days then 0 (zero) must be reported.

4 9 “Route of Administration” fields default to “Oral” when “Alcohol” is selected as Primary or Secondary Drug. If you change to another drug after initially selecting “Alcohol,” please change “Route of Administration,” if applicable.

5 10 “Age of First Use” must be smaller than current age.

7 A drug name that was not in the “Secondary Drug (Code)” list must be provided when “Other” drug is chosen for question 6. Enter 999 if you do not know the drug name.

# ALCOHOL AND DRUG USE DATA

Additional Alcohol and Drug Use

11 4.11. Days of Alcohol Use In The Last 30 Days

12 4.12. Days of IV Use (Needle Use) In The Last 30 Days

13 4.13. Needle Use in the Last 12 Months

No  Yes  
 Client unable to answer

14 4.14. In addition to your primary and secondary drugs, did you use any of the following drugs in the last 30 days? (check all that apply)

All | Clear Search

Alcohol  
 Barbiturates

15 4.14a. Other Drugs (Specify)

16 4.15. How many of your friends use alcohol and/or drugs?

Select

Personal Drug and Alcohol Assessment

17 4.16. How good/competent are you in handling issues/problems with drug and alcohol use (e.g., the frequency and amount of use, money spent on drugs, amount of drug craving, being sick, etc.)? (from 1 --> not good at all to 10 --> very good)

19 4.18. Codependent/Significant Other

Yes  No

18 4.17. If I wanted to, I could easily reduce my substance use. It is up to me whether I reduce my substance use

Select

- 11 99902 is the default value when the primary drug or secondary drug is alcohol.
- 12 Needle use in the last 30 days for primary drug, secondary drug, or any other drug use.
- A number range of 0 to 30
  - Client declined to state: 99900
  - Client unable to answer: 99904
- 13 Must choose “Yes” if there is a number of 0 to 30 reported for question 12.
- 14
- Check all of the drugs that patient used in last 30 days in addition to primary/secondary drug reported; cannot be the same as primary/secondary drug reported above.
  - The option “None” can’t be selected along with any other drugs.
- 16 18 These questions are for youth (ages 12 – 17 years) only.
- 19 Is the patient’s codependent/significant other in the treatment program with them? Choose “No” as default.

# EMPLOYMENT DATA

Education Data

**1** 5.1. Enrolled in School

No
 Yes

Client declined to state
 Client unable to answer

**2** 5.2. Highest School Grade Completed

Select x v

**3** 5.3. Type of school enrollment

Select v

**4** Other (Specify)

**1** “Yes” should be reported when individuals are currently enrolled in classes to obtain a high school diploma or high school equivalency diploma, or individuals taking college courses, whether to obtain a degree or not.

**2** A number from 0 to 30 or 30+. E.g., individuals with a GED or other high school equivalency, enter 12, to indicate the equivalent of 12 years of education.

## EMPLOYMENT DATA

v Employment Data

**5** 5.4. Employment Status

Employed Full Time (35 hrs or more)  
 Employed Part Time (less than 35 hrs)  
 Unemployed Looking For Work  
 Unemployed - (Not seeking)  
 Not in the labor force (Not seeking)

**7** 5.6. Enrolled in Job Training

No  Yes  
 Client declined to state  Client unable to answer

**6** 5.5. If the participant is not in the labor force, which of the following describes this participant?

Homemaker  Enrolled in school  
 Job Training Program  Other

**8** 5.7. Days of Paid Work In The Last 30 Days

**9** 5.8. In the past 30 days, how much money did you earn for legal work?

**10** 5.9. In the past 30 days, how many days have you engaged in illegal activities for profit?

**5** “Employment Status” can’t be “Employed full time” if patient is 14 years or younger.

- *Employed full time (35 hrs or more)*: legally employed and works 35 or more hours per week for payment
- *Employed part time (less than 35 hrs)*: legally employed and works up to 35 hours per week for payment
- *Unemployed looking for work*: not employed and has been actively seeking employment in the past 30 days (e.g., temporary layoff, waiting the starting date of a new job)
- *Unemployed (not seeking)*: not employed and has not been seeking work in the last 30 days (e.g., students, homemakers, retirees)
- *Not in the labor force (not seeking)*: unemployable and are not in the labor force including those who cannot work due to a disability

**6** If “Not in the labor force, not seeking (not previously employed, not seeking)” is selected for “Employment Status” **5**, you MUST answer this question. Otherwise, an error will prevent the dataset to be submitted.

**7** “Yes” should be reported when individuals are participating in an internship; attending vocational schools or participating in vocational programs such as Job Core; or attending some sort of trade school, such as a school that specializes in training people on a specific skill (e.g., bookkeeping or dental hygiene, etc.).

# CRIMINAL JUSTICE DATA

▼ Criminal Justice Data

1 6.1. Criminal Justice Status

No criminal justice involvement

Under parole supervision by CDC

On parole from any other jurisdiction

Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction

Admitted under diversion from any court under CA Penal Code Section 1000

Incarcerated

Awaiting trial, charges, or sentencing

Client unable to answer

2 6.2. Do you currently have a Probation Officer?

Select

3 6.3. Number of Arrests Last 30 Days

4 6.4. Number of Jail Days Last 30 Days

5 6.5. Number of Prison Days Last 30 Days

6 6.6. Parolee Services Network (PSN)

No  Yes

Client unable to answer

7 6.7. FOTP Parolee

No  Yes

Client unable to answer

8 6.8. FOTP Priority Status

Completed Forever Free and released and enrolled in treatment program

Any woman paroling from CIW

Completed Forever Free and goes direct to FOTP facility

None or Not Applicable

Client unable to answer

9 6.9. CDC Identification Number

- 1 • “Criminal Justice Status” must be aligned with the information provided in other questions that have criminal justice related information, such as “Proposition 36 Participant” and “Source of Referral” on Page 38, and “Other Funding Programs” on Page 39.
- Examples of criminal justice involvement include: probation or parole, drug court, DUI/DWI, AB109, Prop 47, Probation Title IV E, etc.

- 3 4 5 • A number from 0 to 30
- Client unable to answer: 99904

3 An arrest happens when a person is taken into police custody. Simply being put in the back of the police car will not be counted as an arrest.

4 Jails are usually run by local law enforcement and/or local government agencies and are designed to hold inmates awaiting trial or serving a short sentence.

9 This question is for an adult patient “Under parole supervision by CDC” and with criminal justice involvement.

- Client declines to state: 99900
- Not sure/don’t know: 99901
- Not applicable: 99902
- Client unable to answer: 99904

# CRIMINAL JUSTICE DATA

▼ Youth Information

<p><b>10</b> 6.10. Juvenile Crossover Youth Project - 241.1 Multidisciplinary Team (MDT) youth?</p> <input type="text" value="Select"/>	<p><b>12</b> 6.12. Court Department Number</p> <input type="text"/>
<p><b>11</b> 6.11. Dependent youth substance abuse treatment project referral?</p> <input type="text" value="Select"/>	<p><b>13</b> 6.13. Youth Court Case Number</p> <input type="text"/>

- 10 11** These questions are only for youth (ages 12-17) with criminal justice involvement.
- 13** If the youth patient is referred by a drug court, ask for the youth court case number.

# MEDICAL/PHYSICAL HEALTH DATA

## Medical and Physical Health Data

1 7.0. Medi-Cal Beneficiary

No  Yes  
 Client unable to answer

2 7.1. Number of Emergency Room Visits In The Last 30 Days

3 7.2. Days of Hospital Overnight Stay In The Last 30 Days

4 7.3. Days With Medical Problems In The Last 30 Days

5 7.4. How good is your physical health? (e.g., are you eating and sleeping properly, exercising, taking care of health or dental problems) (from 1 --> not good at all to 10 --> very good)

6 7.5. Are you currently pregnant? \*

No  Yes  
 Not Sure/Don't Know

## Medication Information

7 7.6. Which of the following medication is prescribed as part of treatment?

Select  x

8 Other medications for SUD treatment (Specify)

1 This field will be automatically filled. Please do not make changes.

- 2
- A number from 0 to 99
  - Client unable to answer: 99904

- 3 4
- A number from 0 to 30
  - Client unable to answer: 99904

- 7
- Response cannot be “None” for a patient in Opioid Treatment Programs. If selected, an error message will pop up saying that medication prescribed cannot be “None” for patients in Opioid Treatment Programs.
  - This information should be limited to the medication prescribed by the provider for an individual’s SUD treatment.
  - Do not use “Other” when an individual reports taking medication for other health conditions.
  - If “Other medications for SUD treatment (Specify)” is selected, 8 MUST be filled.

# MEDICAL/PHYSICAL HEALTH DATA

**▼ Naloxone Questions**

9 7.7. Have you ever received education about Naloxone use for drug overdose?  
 x v

10 7.8. Have you ever used Naloxone for drug overdose reversal for yourself or others?  
 x v

**▼ Communicable Diseases**

11 7.9. Communicable Diseases: Tuberculosis  
 No  Yes  
 Client declined to state  Client unable to answer

15 7.13. Have you been diagnosed with any other communicable diseases?  
 Yes  No

12 7.10. Communicable Diseases: Hepatitis C  
 No  Yes  
 Client declined to state  Client unable to answer

16 7.14. HIV Tested  
 No  Yes  
 Client declined to state  Client unable to answer

13 7.11. Communicable Diseases: Sexually Transmitted Diseases  
 No  Yes  
 Client declined to state  Client unable to answer

17 7.15. HIV Test Results  
 No  Yes  
 Client declined to state  Client unable to answer

14 7.12. If yes, which of the following STDs?  
 Chlamydia  Gonorrhea  Herpes  
 Syphilis  Other

17 If "No" is selected for 16, "No" must be chosen for this question.

# MENTAL HEALTH DATA

**▼**

1 8.1. Have you ever been diagnosed with a mental illness?  
 No  Yes  
 Not Sure/Don't Know

5 8.4. Mental Health Medication In The Last 30 Days  
 No  Yes  
 Client unable to answer

2 8.2. Number of Emergency Room Visits In The Last 30 Days (Mental Health)

6 8.5. How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 --> not good at all to 10 --> very good)

3 8.3. Days of Psychiatric Facility Use In The Last 30 Days

2

- A number from 0 to 99
- Client unable to answer: 99904

3

- A number from 0 to 30
- Client unable to answer: 99904



# FAMILY/SOCIAL DATA

**2** Social Support

**1** 9.1. How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?

**2** 9.2. Are any family members or guardians included as part of the treatment/recovery plan?

**3** Living Arrangements

**3** 9.3. Current Living Arrangements

**4** 9.4. Are you interested in improving your current living situation?

**8** Is this participant homeless?

**5** 9.5. How long have you been homeless?

**9** 9.7. What is your current dependent living arrangement?

**6** 9.6. Current homeless living arrangement?

**10** Other dependent living (Specify)

**7** Specify Other Homeless Living Arrangement

**11** 9.8. What is your current independent living arrangement?

**13** 9.9. Are you exiting institution (e.g., hospital, residential treatment, jail/prison)?

**12** Other independent living (Specify)

**2** This question is for youth (ages 12 – 17 years) patients only.

- 3**
- **Homeless:** This includes patients with no permanent residence (e.g., living in shelters, motels, or in a vehicle).
    - If “Homeless” is selected, “00000” will be automatically filled in the zip code field.
  - **Dependent living:** Patients living in a supervised setting such as residential institutions, prison, jail, halfway houses or group homes, adult children (age 18 or over) living with parents that contribute to less than half of expenditures, and children (under age 18) living with parents, relatives, guardians or in foster care.
  - **Independent living:** This includes individuals who own their home, rent/live alone, live with roommates and do not require supervision. These individuals pay rent or otherwise contribute financially to the cost of the home/apartment. This includes adult children (age 18 or over) living with parents that contribute to more than half of expenditures.

**4 5 6 13** Answer these questions only if a patient is “Homeless.”

**5** This question is very important to help identify patients who are chronically homeless.

**9** Answer this question only if “Current Living Arrangement” is “Dependent living / Supervised setting.”

**11** Answer this question only if “Current Living Arrangement” is “Independent living (Own or rent a home alone or with roommates with no supervision).”

# FAMILY/SOCIAL DATA

Family and Children

14 9.10. Prior to your 18th birthday, did you live with anyone who was a problem drinker or alcoholic or drug user? 20

15 9.11. Days Living With Someone Who Uses Alcohol or Drugs In The Last 30 Days 21

16 9.12. Days With Family Conflict In The Last 30 Days 22

17 9.13. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not? 23

18 9.14. Number Of Children Aged 5 Years Or Younger 24

19 9.15. How good of a community member are you? (e.g., obeying laws, meeting your responsibilities to society, positive impact on others) (from 1 --> not good at all to 10 --> very good) 25

9.16. Do you currently have a DCFS social worker? 20

9.17. How many children spent the majority of their time living with you in the past 6 months?

9.18. How many children spent the majority of their time living with you in the past 30 days?

9.19. How many children are enrolling in treatment services with the participant? (Perinatal/Women Programs Only)

9.20. Does the participant have an open case with Child Protective Services?  
 Yes  No

9.21. How many children are living with someone else because of a child protection court order?

- 15 16
- A number from 0 to 30
  - Client declined to state: 99900
  - Client unable to answer: 99904

17 Count only the children that are related to a patient through birth or adoption. This does not include step-children, nieces, nephews, cousins, or children from previous relationships, unless they were adopted.

18 Numbers should be smaller than or equal to the number provided in 17 .

- 17 18
- Client unable to answer: 99904

21 Number should be smaller than or equal to the number provided in 17 .

22 Number should be smaller than or equal to the number provided in 21 .

- 23
- For Perinatal/Women Programs Only.
  - Number should be smaller than or equal to the number provided in 22 .

24 25 Ask these questions if the patient reported having at least one child aged 17 or younger.

# FAMILY/SOCIAL DATA

26

9.22. If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?

27

9.23. Have you been physically abused during the past 30 days?

Yes  No

28

9.24. Have you been sexually abused during the past 30 days?

Yes  No

29

9.25. Number of Children Living with Someone Else

30

9.26. Number of Children Living with Someone Else and Parental Rights Terminated

26

Ask this question if the patient reported having at least one child aged 17 or younger.

29

Number provided for this question should be smaller than or equal to the number provided in 17 .

30

Number should be smaller than or equal to the number provided in 29 .




29 30

- Client unable to answer: 99904

# CALOMS DISCHARGE FORMS

# CALOMS DISCHARGE FORMS

There are three CalOMS discharge forms available to choose from in Sage. Please ensure you are selecting the correct one **from the beginning**:

Cal-OMS Discharge	
Cal-OMS Administrative Discharge	
Cal-OMS Youth/Detox Discharge	

**Cal-OMS Discharge** form is **standard** and should be used when a patient is available for an exit interview and qualifies for the following discharge status:

- 1: Completed treatment/recovery plan goals (referred or transferred)
- 2: Completed treatment/recovery plan goals (not referred or transferred)
- 3: Left before completing treatment/recovery plan goals with satisfactory progress (referred or transferred)
- 5: Left before completing treatment/recovery plan goals with unsatisfactory progress (referred or transferred)

**Cal-OMS Administrative Discharge** form should be used only when a patient is not available for an exit interview and qualifies for the following discharge status:

- 4: Left before completing treatment/recovery plan goals with satisfactory progress (not referred or transferred)
- 6: Left before completing treatment/recovery plan goals with unsatisfactory progress (not referred or transferred)
- 7: Discharged by agency for cause (e.g., non-compliance with agency rules)
- 8: Death
- 9: Incarceration

**Cal-OMS Youth/Detox Discharge** form should be used when a patient meets one of the following criteria:

- Youth patient = less than 18 years old at admission
- Admitted to detox LOC



### Standard vs. Administrative

- ✓ Completed treatment/goals → Standard
- ✓ Incomplete treatment/goals AND referred → Standard
- ✓ Incomplete treatment/goals AND NOT referred → Administrative
- ✓ Discharged by agency for cause, Death, or Incarceration → Administrative

# STANDARD DISCHARGE

The screenshot shows the 'STANDARD DISCHARGE' form with the following fields and callouts:

- 1**: 1.1. Discharge Date \*
- 2**: 1.2. Discharge Process Date
- 3**: 1.3. Record to be Submitted
- 4**: 1.4. Discharge Status
- 5**: 1.5. Level of Care Admitted
- 6**: 1.6. Which SUD level of care was the client referred/transferred to?
- 7**: 1.7. Reason client was not referred to another SUD level of care
- 8**: 1.9. What other services was the client referred to?
- 9**: 1.10. Other service (Specify)

Additional fields visible include: 1.3. Record to be Submitted (dropdown), 1.5. Level of Care Admitted (dropdown), 1.4. Discharge Status (dropdown), Flag for Resubmission (radio buttons for Yes/No), 1.6. Which SUD level of care was the client referred/transferred to? (dropdown), 1.7. Reason client was not referred to another SUD level of care (dropdown), 1.8. Other reason (Specify) (text area), and 1.9. What other services was the client referred to? (checkbox list).

- 1 • For standard discharges, enter the date of the patient's last face-to-face, telehealth treatment session or MAT service.
  - The discharge date may not exceed the last date of face-to-face/telehealth service, and it cannot be after the discharge data is being entered into the database.
  - Discharge date must be later than the admission date.
- 2 “Discharge Process Date” is the date that the discharge data is being entered into the database.
- 3 ONLY use the option “Discharge.” DO NOT use any other possible values. They will create errors.
- 4 For the following situations and Discharge Status options, use the “Cal-OMS Administrative Discharge” form instead of the standard “Cal-OMS Discharge”:
  - Left Before completing treatment/recovery plan goals with Satisfactory Progress (not referred or transferred)
  - Left Before completing treatment/recovery plan goals with Unsatisfactory Progress (not referred or transferred)
  - Discharged by agency for cause, death, or incarceration
- 5 Choose a treatment level of care. Please do not choose “RBH”.
- 8 Select “None” if not referred. “None” can not be combined with other options.

# STANDARD DISCHARGE

Services During Treatment

10 1.11. Did you have a case manager?  
Select

11 1.12. What kind of case management services did the client receive during the treatment?  
All | Clear Search  
 Basic Needs  
 Child Care  
 Educational/Vocational

12 1.13. Other service (Specify)  
[Text Area]

13 1.14. My case manager helped me find services I needed  
Select x v

16 1.17. Did you receive field based services?  
Select x v

17 1.18. Type of field based services received (check all that apply)  
All | Clear Search  
 Alcohol Drug Testing  
 Assessment (Triage, Continuum)  
 Case Management

14 1.15. Was the client in Recovery Bridge Housing during treatment?  
Select x v

15 1.16. If yes, has the client been discharged from Recovery Bridge Housing?  
Select v

- 10 If the patient received any kind of case management from any staff (does not have to have a “case manager” title) during treatment, you can select “Yes” and answer the following question 11 .
- 11 Select all that apply. For more information on types of case management services, please refer to *Case Management References* (Appendix A, #2).
- 14 Recovery Bridge Housing participants must be concurrently enrolled in outpatient, intensive outpatient, OTP, or Withdraw Management 1 services.
- 16 “Yes” is only for Outpatient, Intensive Outpatient, and Recovery Support Service, and can only be delivered in designated and SAPC approved sites.

# STANDARD DISCHARGE

Client details

18 1.19. How good are you at taking care of personal responsibilities (e.g., paying bills, following through on personal or professional commitments)? (from 1 --> not good at all to 10 --> very good)

19 1.20. Consent  
 No  Yes

20 1.21. Disability (check all that apply)  
 None  Visual  Hearing  
 Speech  Mobility  Mental  
 Developmentally Disabled  Other  Client declined to state  
 Client unable to answer

21 1.22. Was the client available for an exit interview?  
 Yes  No

22 1.23. Were the treatment services provided in your preferred language?  
Select x v

23 1.24. Current Last Name 24 1.25. Current First Name

25 1.26. Social Security Number 26 1.27. Zip Code At Current Residence

Sexual history

27 1.28. In the past year (12 months), have you had sex with a male?  
 Yes  No  Don't Know  Refused

28 1.29. In the past year, have you had sex with a female?  
 Yes  No  Don't Know  Refused

29 1.30. In the past year, have you had sex with a transgender/transsexual?  
 Yes  No  Don't Know  Refused

30 1.31. In the past year, have you used methamphetamines?  
 Yes  No  Don't Know  Refused

31 1.32. If Yes, Did you use methamphetamines before or during sex?  
 Yes  No  Don't Know  Refused

For all questions in this section, please refer to the same questions available in the "Admission Form" section that begins on Page 32.



# ALCOHOL AND DRUG USE DATA

▼

<p><b>1</b> 2.1. Primary Drug (Code) Select</p>	<p><b>5</b> 2.5. Secondary Drug (Code) Select <span style="float: right;">x ▼</span></p>
<p><b>2</b> 2.2. Primary Drug Name</p>	<p><b>6</b> 2.6. Secondary Drug Name</p>
<p><b>3</b> 2.3. Days of Primary Drug Use In The Last 30 Days</p>	<p><b>7</b> 2.7. Days of Secondary Drug Use In The Last 30 Days</p>
<p><b>4</b> 2.4. Primary Drug Route of Administration Select</p>	<p><b>8</b> 2.8. Secondary Drug Route of Administration Select ▼</p>
<p><b>9</b> 2.9. Days of Alcohol Use In The Last 30 Days <input type="text"/></p>	
<p><b>10</b> 2.10. Days of IV Use (Needle Use) In The Last 30 Days <input type="text"/></p>	
<p><b>11</b> 2.11. Is this participant sober/abstinent?   <input type="radio"/> Yes                      <input type="radio"/> No</p>	
<p><b>12</b> 2.12. How good/competent are you in handling issues/problems with drug and alcohol use (e.g., the frequency and amount of use, money spent on drugs, amount of drug craving, being sick, etc.)? (from 1 --&gt; not good at all to 10 --&gt; very good) <input type="text"/></p>	

- 1** • Choose “None” if a patient doesn’t have any primary drug problem at discharge.
- Refer to the “Primary Drug Code” in the Admission Form section for drug descriptions and extra data entry instructions.
  
- 5** • Choose “None” if a patient doesn’t have any secondary drug problem at discharge.
- Refer to the “Secondary Drug Code” in the Admission Form section for drug descriptions and extra data entry instructions.
  
- 11** Answer this question based on the observation of a patient’s responses.

# EMPLOYMENT DATA

1 3.1. Employment Status

Employed Full Time (35 hrs or more)

Employed Part Time (less than 35 hrs)

Unemployed Looking For Work

Unemployed - (Not seeking)

Not in the labor force (Not seeking)

2 3.1a. If the participant is not in the labor force, which of the following describes this participant?

Homemaker  Enrolled in school

Job Training Program  Other

3 3.2. Days of Paid Work In The Last 30 Days

4 3.3. In the past 30 days, how much money did you earn for legal work?

5 3.4. In the past 30 days, how many days have you engaged in illegal activities for profit?

6 3.5. Enrolled in School

No  Yes

Client declined to state  Client unable to answer

7 3.6. Enrolled in Job Training

No  Yes

Client declined to state  Client unable to answer

8 3.7. Highest School Grade Completed

Select  x

For all questions in this section, please refer to the same questions available in the Admission Form section on Pages 43/44.

# CRIMINAL JUSTICE DATA

1 4.1. Number of Arrests Last 30 Days

2 4.2. Number of Jail Days Last 30 Days

3 4.3. Number of Prison Days Last 30 Days

For all questions in this section, please refer to the same questions available in the Admission Form section on Page 45.

# MEDICAL/PHYSICAL HEALTH DATA

▼

1 5.1. Number of Emergency Room Visits In The Last 30 Days 4

2 5.2. Days of Hospital Overnight Stay In The Last 30 Days

3 5.3. Days With Medical Problems In The Last 30 Days

5 5.5. Which of the following medications did you take as part of treatment?

All | Clear

Acamprosate (Campral)

Buprenorphine (Suboxone)

Buprenorphine (Subutex)

Disulfiram (Antabuse)

5.4. Pregnant At Any Time During Treatment \*

No  Yes

Not Sure/Don't Know

6 5.6. Have you received education about Naloxone use for drug overdose during treatment?

Select x ▼

7 5.7. Have you used Naloxone for drug overdose reversal for yourself during treatment?

Select x ▼

8 5.8. Other medications for SUD treatment (Specify)

9 5.9. Since Admission, have you been diagnosed with tuberculosis?

Yes  No

10 5.10. Since Admission, have you been diagnosed with Hepatitis C?

Yes  No

11 5.11. Since Admission, have you been diagnosed with a sexually transmitted disease (STD)?

Yes  No

12 5.12. If yes, which of the following STDs?

Chlamydia  Gonorrhea  Herpes

Syphilis  Other

13 5.13. Since admission, have you been diagnosed with any other communicable diseases?

Yes  No

14 5.14. HIV Tested

No  Yes

Client declined to state  Client unable to answer

15 5.15. HIV Test Results

No  Yes

Client declined to state  Client unable to answer

16 5.16. How good is your physical health? (e.g., are you eating and sleeping properly, exercising, and taking care of health or dental problems) (from 1 --> Not good at all to 10 --> Very good)

9 10 11 13

It is for the period during treatment only.

# MENTAL HEALTH DATA

▼ Mental Illness

1	<p>6.1. Mental Illness</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="radio"/> Not Sure/Don't Know</p>	3	<p>6.3. Number of Emergency Room Visits In The Last 30 Days (Mental Health)</p> <input type="text"/>
2	<p>6.2. Mental Health Medication In The Last 30 Days</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="radio"/> Client declined to state <input type="radio"/> Client unable to answer</p>	4	<p>6.4. Days of Psychiatric Facility Use In The Last 30 Days</p> <input type="text"/>
		5	<p>6.5. How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 --&gt; not good at all to 10 --&gt; very good)</p> <input type="text"/>

2 Please do not use the option “Client declined to state”

For all other questions in this section, please refer to the same questions available in the Admission Form section on Page 48.

# FAMILY/SOCIAL DATA

## ▼ Social Support

1 7.1. How many days have you participated in any social support recovery activities in the past 90 days such as 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?

2 7.2. Were any of your family members / significant others actively involved during your treatment/recovery?  
 x ▼

## ▼ Living Arrangements

3 7.3. Current Living Arrangements

4 Is this participant homeless?  
 Yes  No

5 7.4. Current homeless living arrangement?  
 ▼

6 7.5. Specify Other Homeless Living Arrangement

7 7.6. Has the client been linked to a stable/permanent housing during treatment?  
 x ▼

8 7.6a. If yes, what is the permanent housing arrangement?  
 Rental by client, no ongoing housing subsidy  
 Rental by client, with ongoing housing subsidy  
 Staying or living with family, permanent tenure  
 Staying or living with friends, permanent tenure  
 Other: specify

9 7.6b. What is the zip code of the permanent housing

10 7.6c. Specify 'Other' Permanent Housing

11 7.6d. If no, explain

12 7.7. Days With Family Conflict In The Last 30 Days

13 7.8. Days Living With Someone Who Uses Alcohol or Drugs In The Last 30 Days

## ▼ Children

14 7.9. How many children do you have aged 5 or less (birth or adopted) - whether they live with you or not?

15 7.10. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not?

16 7.11. How many of these children spent the majority of their time living with you in the past 6 months?

17 7.12. How many of these children spent the majority of their time living with you in the past 30 days?

18 7.13. How many children were enrolled in treatment services with the participant? (Perinatal/Women Programs Only)

19 7.14. Does the participant have an open case with Child Protective Services?  
 Yes  No

20 7.15. Number of Children Living With Someone Else

21 7.16. Number of Children Living With Someone Else and Parental Rights Terminated

22 7.17. How many children are living with someone else because of a child protection court order?

23 7.18. If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?

## ▼ Abuse

24 7.19. How good of a community member are you? (e.g., obeying laws, meeting your responsibilities to society, positive impact on others) (from 1 --> Not good at all to 10 --> Very good)

25 7.20. Have you been physically abused during the past 30 days?  
 Yes  No

26 7.21. Have you been sexually abused during the past 30 days?  
 Yes  No

- 7 If yes, please complete 8 and 9. Complete 10 if applicable.
- 11 Explain why patient was not linked to stable/permanent housing.

# ADMINISTRATIVE DISCHARGE

The screenshot shows the 'ADMINISTRATIVE DISCHARGE' form with the following fields and callouts:

- 1.0. Level of Care Admitted:** Intensive Outpatient (Callout 5)
- 1.1. Discharge Date \*** (Callout 1): Date input field with calendar icon and T/Y buttons.
- 1.2. Discharge Process Date** (Callout 2): Date input field with calendar icon and T/Y buttons.
- 1.3. Discharge Status** (Callout 3): Select dropdown menu.
- 1.4. Zip Code At Current Residence** (Callout 4): Text input field.
- 1.5. Record to be Submitted** (Callout 5): Radio buttons for Discharge (selected), Discharge Delete, Discharge Update, and None.
- Flag for Resubmission** (Callout 6): Radio buttons for Yes and No.
- 1.6. Current First Name** (Callout 6): Text input field.
- 1.7. Current Last Name** (Callout 7): Text input field.
- 1.8. Primary Drug (Code)** (Callout 8): Select dropdown menu.
- 1.9. Primary Drug Name** (Callout 9): Text input field.
- 1.10. Days of Primary Drug Use Last 30 Days** (Callout 10): Text input field.
- 1.11. Primary Drug Route of Administration** (Callout 11): Radio buttons for Oral - ingested by mouth, Smoking, Inhalation, None or Not Applicable, Injection, and Other.
- 1.12. Pregnant At Any Time During Treatment \*** (Callout 12): Radio buttons for No, Not Sure/Don't Know, and Yes.
- 1.13. Disability (check all that apply):** (Callout 13): Checkboxes for None, Hearing, Visual, Speech, Mobility, Mental, Developmentally Disabled, Client declined to state, Client unable to answer, and Other.

- 1
  - For administrative discharges, enter the date of the last face-to-face/telehealth services.
  - For Opioid Treatment Program (OTP) participants, enter date of the last oral medication the participant received.
  - The discharge date must be on or before the date that the discharge data is being entered into the database.
  - Discharge date must be later than the admission date.
- 2
  - “Discharge Process Date” is the date that the discharge data is being entered into the database.
- 5
  - ONLY use the option “Discharge.” DO NOT use any other possible values. They will create errors.
- 8
  - Choose “None” if a patient doesn’t have any primary drug problem at discharge.
  - Refer to the “Primary Drug Code” in the Admission Form section for drug descriptions and extra data entry instructions.

# YOUTH/DETOX DISCHARGE

The screenshot shows a web form for 'YOUTH/DETOX DISCHARGE'. It contains several sections with numbered callouts:

- 1.1. Discharge Date \***: A date input field with a calendar icon and a 'T' button. Callout 1 points to the date field.
- 1.2. Record to be Submitted**: Radio button options for 'Discharge' (selected), 'Discharge Delete', 'Discharge Update', and 'None'. Callout 2 points to the 'Discharge' option.
- 1.3. Discharge Status**: A dropdown menu with 'Select' as the current value. Callout 3 points to the dropdown.
- 1.4. Level of Care Admitted**: A dropdown menu with 'ASAM 0.5 (Youth and Young Adults 12-20)' as the current value. Callout 4 points to the dropdown.
- 1.5. Current First Name**: A text input field. Callout 5 points to the field.
- 1.6. Current Last Name**: A text input field. Callout 6 points to the field.
- 1.7. Consent**: Radio button options for 'No' and 'Yes'. Callout 7 points to the 'Yes' option.
- 1.8. Disability (check all that apply):**: A list of checkboxes for 'None', 'Visual', 'Hearing', 'Speech', 'Mobility', 'Mental', 'Developmentally Disabled', 'Client declined to state', 'Client unable to answer', and 'Other'. Callout 8 points to the 'None' option.
- 1.9. Pregnant At Any Time During Treatment \***: Radio button options for 'No', 'Not Sure/Don't Know', and 'Yes'. Callout 9 points to the 'No' option.
- Flag for Resubmission**: Radio button options for 'Yes' and 'No'.

- 1 • The discharge date may not exceed the last date of face-to-face/telehealth service, and it cannot be after the discharge data is being entered into the database.
  - Discharge date must be later than the admission date.
- 2 ONLY use the option “Discharge.” DO NOT use any other possible values. They will create errors.

# YOUTH/DETOX DISCHARGE

9 2.1. Primary Drug (Code)

13 2.5. Secondary Drug (Code)

10 2.2. Primary Drug Name

11 2.3. Days of Primary Drug Use Last 30 Days

14 2.6. Secondary Drug Name

15 2.7. Days of Secondary Drug Use Last 30 Days

12 2.4. Primary Drug Route of Administration

Oral - Ingested by mouth  
 Smoking  
 Inhalation  
 Injection  
 None or Not Applicable  
 Other

16 2.8. Secondary Drug Route of Administration

Oral - ingested by mouth  
 Smoking  
 Inhalation  
 Injection  
 None or Not Applicable  
 Other

17 2.9. Days of Alcohol Use Last 30 Days

18 3.1. Employment Status

Employed Full Time (35 hrs or more)  
 Employed Part Time (less than 35 hrs)  
 Unemployed - (Not seeking)  
 Unemployed Looking For Work  
 Not in the labor force (Not seeking)

19 3.2. Enrolled in School

No  Yes  
 Client declined to state  Client unable to answer

20 3.3. Current Living Arrangements <sup>?</sup>

Homeless  Dependent Living  
 Independent Living

21 3.4. Zip Code At Current Residence

22 3.5. Mental Illness

No  Yes  
 Not Sure/Don't Know

23 3.6. Number of Arrests Last 30 Days

24 3.7. Social Support: How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?

- 10 • Choose “None” if a patient doesn’t have any primary drug problem at discharge.
- Refer to the “Primary Drug Code” in the Admission Form section for drug descriptions and extra data entry instructions.



# CALOMS ANNUAL UPDATE

- **Required** if a participant remains in treatment for one year or longer.
- Can be completed as early as 60 days prior to admission anniversary date.
- **MUST** be completed **no later than 12 months** from participant's admission date (admission anniversary date, if longer than 2 years).

# ANNUAL UPDATE

The screenshot shows the 'ANNUAL UPDATE' form with the following fields and callouts:

- 1**: 1.1. Associated Level of Care \* (Dropdown menu)
- 2**: 1.2. Annual Update Date (Date picker)
- 3**: 1.3. Current Last Name (Text field)
- 4**: 1.4. Current First Name (Text field)
- 5**: 1.5. Social Security Number (Text field)
- 6**: 1.6. Zip Code At Current Residence (Text field)
- 7**: 1.7. Consent (Radio buttons: No, Yes)
- 8**: 1.8. Record to be Submitted (Radio buttons: Annual Update, Resubmission of Annual Update, Deletion of Annual Update, None)
- 9**: 1.9. Disability (check all that apply): (List of checkboxes: None, Visual, Hearing, Speech, Mobility, Mental, Developmentally Disabled, Client declined to state, Other, Client unable to answer)
- 10**: Flag for Resubmission (Radio buttons: Yes, No)

- 1** You **must** select the correct Admission Date and Level of Care to connect the Annual Update to the correct CalOMS.
- 2** Annual Update Date:
  - Can be as early as 60 days prior to the admission anniversary date.
  - Must be completed by the admission anniversary date.
- 8** ONLY use the option “Annual Update.” DO NOT use any other possible values. They will create errors.

For all other questions in this section, please refer to the same questions available in the “Admission Form” section that begins on Page 32.

# ALCOHOL AND DRUG USE DATA

The screenshot shows a form with the following fields and callouts:

- 1**: 2.1. Primary Drug (Code) - dropdown menu
- 2**: 2.2. Primary Drug Name - text input field
- 3**: 2.3. Primary Drug Route of Administration - dropdown menu
- 4**: 2.4. Days of Primary Drug Use Last 30 Days - text input field
- 5**: 2.5. Secondary Drug (Code) - dropdown menu
- 6**: 2.6. Secondary Drug Name - text input field
- 7**: 2.7. Secondary Drug Route of Administration - dropdown menu
- 8**: 2.8. Days of Secondary Drug Use Last 30 Days - text input field
- 9**: 2.9. Days of Alcohol Use Last 30 Days - text input field
- 10**: 2.10. Days of IV Use (Needle Use) Last 30 Days - text input field

- 1** • Refer to the “Primary Drug Code” in the Admission Form section for drug descriptions and extra data entry instructions.
- 5** • Choose “None” if a patient doesn’t have any secondary drug problem at time of annual update.
- Refer to the “Secondary Drug Code” in the Admission Form section for drug descriptions and extra data entry instructions.

# EMPLOYMENT DATA

The screenshot shows a form with the following fields and callouts:

- 1**: 3.1. Employment Status - radio button options:
  - Employed Full Time (35 hrs or more)
  - Employed Part Time (less than 35 hrs)
  - Unemployed Looking For Work
  - Unemployed - (Not seeking)
  - Not in the labor force (Not seeking)
- 2**: 3.2. Work Past 30 Days - text input field
- 3**: 3.3. If the participant is not in the labor force, which of the following describes this participant? - checkbox options:
  - Homemaker
  - Enrolled in school
  - Job Training Program
  - Other
- 4**: 3.4. Enrolled in School - radio button options:
  - No
  - Client declined to state
  - Yes
  - Client unable to answer
- 5**: 3.5. Enrolled in Job Training - radio button options:
  - No
  - Client declined to state
  - Yes
  - Client unable to answer
- 6**: 3.6. Highest School Grade Completed - dropdown menu

For all questions in this section, please refer to the same questions available in the Admission Form section on Page 43/44.

## CRIMINAL JUSTICE DATA

▼

1

4.1. Number of Arrests Last 30 Days

2

4.2. Number of Jail Days Last 30 Days

3

4.3. Number of Prison Days Last 30 Days

For all questions in this section, please refer to the same questions available in the Admission Form section on Page 45.

## MEDICAL/PHYSICAL HEALTH DATA

▼

1

5.1. Number of Emergency Room Visits Last 30 Days

2

5.2. Days of Hospital Overnight Stay Last 30 Days

3

5.3. Days with Medical Problems Last 30 Days

4

5.4. Pregnant At Any Time During Treatment \*

No

Not Sure/Don't Know

Yes

5

5.5. HIV Tested

No  Yes

Client declined to state  Client unable to answer

6

5.6. HIV Test Results

No  Yes

Client declined to state  Client unable to answer

For all questions in this section, please refer to the same questions available in the Admission Form section on Page 47/48.

## MENTAL ILLNESS

▼

1

6.1. Mental Illness

No

Yes

Not Sure/Don't Know

2

6.2. Mental Health Medication

No  Yes

Client declined to state  Client unable to answer

3

6.3. Number of Emergency Room Visits Last 30 Days/Mental Health

4

6.4. Days of Psychiatric Facility Use Last 30 Days

For all questions in this section, please refer to the same questions available in the Admission Form section on Page 48.

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# FAMILY/SOCIAL DATA

▼ Social Support

**1** 7.1. How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?

▼ Living Arrangements

**2** 7.2. Current Living Arrangements **6**

Select x

**3** 7.3. Is this participant homeless? **7**

Yes  No

**4** 7.4. Current homeless living arrangement?

Select ▼

**5** 7.5. Specify Other Homeless Living Arrangement

**6** 7.6. Has the client been linked to a stable/permanent housing during treatment? **6**

Select x ▼

**7** 7.6a. If yes, what is the permanent housing arrangement?

Rental by client, no ongoing housing subsidy  
 Rental by client, with ongoing housing subsidy  
 Staying or living with family, permanent tenure  
 Staying or living with friends, permanent tenure  
 Other: specify

**8** 7.6b. Specify 'Other' Permanent Housing

**9** 7.6c. What is the zip code of the permanent housing

**10** 7.6d. If no, explain

▼ Children

**11** 7.7. Days with Family Conflict Last 30 Days **14**

**12** 7.8. Days Living with Someone Who Uses Alcohol or Drugs Last 30 days **15**

**13** 7.9. How many children do you have aged 5 or less (birth or adopted) - whether they live with you or not? **16**

**14** 7.10. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not?

**15** 7.11. How many children are living with someone else because of a child protection court order?

**16** 7.12. If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?

- 6** If yes, please complete **7** and **9**. Complete **8** if applicable.
- 10** Explain why patient was not linked to stable/permanent housing.

## **Appendix A: General Resources**

1. CalOMS Resource Page

<http://publichealth.lacounty.gov/sapc/providers/CalOMS-resources.htm>

2. Data Collection User Guide: LACPRS/CalOMS Tx (Version 1.0, Nov. 2017)

<http://publichealth.lacounty.gov/sapc/docs/providers/caloms/DataCollectionUserGuideLACPRSCal-OMSTx.pdf>

3. DHCS CalOMS Tx Data Collection Guide (Version 2.1, Jan. 2014)

[https://www.dhcs.ca.gov/provgovpart/Documents/CalOMS\\_Tx\\_Data\\_Collection\\_Guide\\_JAN%202014.pdf](https://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf)

4. Case Management References

<http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/020818/CaseManagementReferences020818.pdf>

5. SAPC Provider Manual 8.0

<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/SAPC-Provider-Manual-8.0.pdf>

## **Appendix B: Medi-Cal Resources**

1. For patients: <https://www.mybenefitscalwin.org/#/home>

2. Check eligibility: <https://dps.lacounty.gov/en/health.html>

3. Apply online: <https://benefitscal.com/>

4. DHCS Checklist: <https://www.dhcs.ca.gov/services/medical/Pages/DoYouQualifyForMedi-Cal.aspx>